MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10536

10557

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural X
LENGTH OF STAY (in this place): 46 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Dumfries
STREET ADDRESS (If rural give location): 30 Tripoli Heights ✓

3. NAME OF DECEASED: (First) Edna (Middle) Leona (Last) AGNONE

4. DATE OF DEATH: (Month) (Day) (Year): November 28 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12 July 1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. MULLIGAN

14. MOTHER'S MAIDEN NAME: Myrtle SCHIABLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Husband: Frank C. AGNONE 30 TRipoli Heights, Dumfries, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

IMMEDIATE CAUSE (A) Metastatic carcinoma of the breast — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Oct, 1954, to 28 Nov, 1954, that I last saw the deceased alive on 28 Nov, 1954, and that death occurred at 10:45 M, from the causes and on the date stated above.

SIGNATURE: Gerald I. Plitman — ADDRESS: G.I. PLITMAN, LT MC USNR U.S.Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 11-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit — DATE THEREOF: 2 December 1954 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): San Pedro, Calffornia

DATE REC'D BY LOCAL REGISTRAR: 30 November 1954 — REGISTRAR'S SIGNATURE: Mary E. Cassedy

24. FUNERAL DIRECTOR AND ADDRESS: R.A. Pumphrey Funeral Home, 7551 Wisconsin Avenue, Bethesda, Maryland

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DEC 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10537

10558 CERTIFICATE OF DEATH Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY MONTG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 2805 Elnora

3. NAME OF DECEASED: (Type or Print) (First) Bonnie (Middle) Jean (Last) ALLEN

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 29 October 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10B. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert H. ALLEN

14. MOTHER'S MAIDEN NAME: Ellen Jane CARPENTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. -----

17. INFORMANT & ADDRESS: Mother: Mrs. Ellen Jane ALLEN 2805 Elnora, Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 560.2

(A) Ruptured Omphalocele — INTERVAL BETWEEN ONSET AND DEATH: 6days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Extrophy of Urinary bladder — 6 days

19A. DATE OF OPERATION: 10/29/54

19B. MAJOR FINDINGS OF OPERATION: As Listed Above

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Oct, 1954, to 4 Nov, 1954, that I last saw the deceased alive on 4 Nov, 1954, and that death occurred at 12:47 M, from the causes and on the date stated above.

SIGNATURE J.W. Cowsley, Jr. LT MC USN — ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 4 Nov 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 7 Nov 1954 — NAME OF CEMETERY OR CREMATORY: Maple View Cemetery — LOCATION (City, town, or county) (State): Smyrna Tennessee

DATE REC'D BY LOCAL REGISTRAR: 4 NOV 1954 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: R.A. Pumphrey Funeral Home — ADDRESS: 7551 Wisconsin Avenue, Bethesda, Maryland

2004241984

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NOV 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10538

10559 **CERTIFICATE OF DEATH** Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Alta Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington; STREET ADDRESS (If rural give location) 3833 Stephenson Place, N.W.

3. NAME OF DECEASED: (First) Charles (Middle) A. (Last) APPEL, Sr.

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 30, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 0 Days 8 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. U.S. Govt.

10B. KIND OF BUSINESS OR INDUSTRY: Int. Revenue

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles A. Appel

14. MOTHER'S MAIDEN NAME: Catherine Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Charles A. Appel, Jr.-Item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) Coronary occlusion — 30 min

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart dis — 3+ yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. cerebral arteriosclerosis — 2+ yrs.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at ~~work~~ ☐ Not while ~~at work~~ ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Jan, 19 54, to 8 Nov, 19 54, that I last saw the deceased alive on 1 Oct, 19 54, and that death occurred at 6 15 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 11-18-54; NAME OF CEMETERY OR CREMATORY Rock Creek; LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 11/9/54; REGISTRAR'S SIGNATURE Bessie M. Thompson; FUNERAL DIRECTOR Robert E. Campbell; ADDRESS Bethesda, Md.

D. Bonhart called +
advised Pres. of.
Ask.

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NOV 15 1934
BUREAU V. S.

10560

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10539 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 212

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
LENGTH OF STAY (In this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R7 D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural, give location) R7 D 1

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Braden (Last) Appleby

4. DATE OF DEATH (Month) Nov (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 10-8-1870

9. AGE Last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Computer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Appleby

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Elsie V Appleby (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Valvular Heart disease DUE TO	about 15 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broccard M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE THEREOF 11/8/1954 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 11/10/54 | REGISTRAR'S SIGNATURE Charles W. Elgin | **24. FUNERAL DIRECTOR** W.W. Chambers Co. ADDRESS Riverdale, Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 15 1954
BUREAU V. S.

10550

10540 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rockville
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Bradley Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 306 Bradley Ave

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) Madine (Last) Bannister

4. DATE OF DEATH (Month) Nov (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 7-4-1948

9. AGE last birthday: 6 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington DC.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Bannister

14. MOTHER'S MAIDEN NAME: Kathleen Hardy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wm Bannister Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Asphyxia	found dead in bed room
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Strangulation	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY home

21c. (City or town) Rockville (County) Monty (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-16-54 5:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Strangulation by half-sister

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Frank J. Bracket M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-18-54

NAME OF CEMETERY OR CREMATORY Oakwood

LOCATION (City, town, or county) (State) Falls Church, Va.

DATE REC'D BY LOCAL REG. 11-18-54

REGISTRAR'S SIGNATURE Lowell K. Bridges

24. FUNERAL DIRECTOR Robert A. Humphrey

ADDRESS Bethesda, Md.

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NOV 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10541

10561 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) 4857 Battery Lane Bethesda

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) BARBER
4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1954
5. SEX: [illegible] 6. COLOR OR RACE: [illegible] 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible] 8. DATE OF BIRTH: [illegible] 9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months [illegible] Days [illegible] IF UNDER 24 HRS. Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Lumber Dealer Commission Merchant
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward H. Barber
14. MOTHER'S MAIDEN NAME: Mary Louise Elizabeth Barber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No: 579-03-2159
17. INFORMANT & ADDRESS: Victor Barber Kensington Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocardial Infarction, recent
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) coronary artery disease — 2 years
DUE TO
(c) arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19.... , to ..... , 19.. .., that I last saw the deceased alive on 11/17..., 1954, and that death occurred at 6:15 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Charles J. Sauerseff Jr. M.D. ADDRESS 4861 Battery Lane Bethesda Md. DATE SIGNED 11/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov 20 1954 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem LOCATION (City, town, or county) Washington (State) D C

DATE REC'D BY LOCAL REGISTRAR 11/20/54 REGISTRAR'S SIGNATURE Bessie M. Compton
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

BEGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10542

10562 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Kentucky COUNTY Harlan
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Highsplint
STREET ADDRESS (If rural give location) Box 36

3. NAME OF DECEASED: (Type or Print) (First) Ray (Middle) (n) (Last) BOWLING

4. DATE OF DEATH: (Month) November (Day) 21 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-18-36

9. AGE last birthday 18 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS., Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Marin_r

10B. KIND OF BUSINESS OR INDUSTRY: Mariner

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Tester BOWLING

14. MOTHER'S MAIDEN NAME: Mary Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes

(If Yes, give war or dates of service) 5-7-54 to 11-21-54 Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Father Mr. Tester BOWLING Box 36 Highsplint, Kentucky

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Lymphatic Leukemia Acute DUE TO

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 3 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Oct, 19 54, to 21 Nov, 19 54, that I last saw the deceased alive on 21 Nov, 19 54 and that death occurred at 6:24P M, from the causes and on the date stated above.

SIGNATURE S. R. Mills ADDRESS DATE SIGNED

S. R. MILLS LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 11-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 26 Nov 1954

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Harlan, Kentucky

DATE REC'D BY LOCAL REGISTRAR 22 Nov 1954

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR A. P. Pumphrey Funeral Home ADDRESS 7557 Wisconsin Avenue, Bethesda, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10563

10543 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R 7 B # 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS R 7 B # 3 (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Hilda (Middle) Jane (Last) Britton

4. DATE OF DEATH (Month) Nov (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-13-1903

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Feather

14. MOTHER'S MAIDEN NAME: Eliz Ridgely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mary Feather (Mother) Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brantner M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 11 28 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF** 12-1-54 — **NAME OF CEMETERY OR CREMATORY** Rose Oak — **LOCATION** (City, town, or county) Gaithersburg (State) Md

DATE REC'D BY LOCAL REG. Nov 29 1954 — **REGISTRAR'S SIGNATURE** Wanda L. Poole — **24. FUNERAL DIRECTOR** Ernest C. Gaither — **ADDRESS** Gaithersburg Md.

VS. A15A - 5 - 53

RECEIVED
DEC 1 1964

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10544

10564 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virg. COUNTY Mc Dowell
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crumpler,
STREET ADDRESS (If rural give location) Box 94

3. NAME OF DECEASED: (First) Sherill (Middle) Hoke (Last) Bullis

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 22 Aug. 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner

10B. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Bullis

14. MOTHER'S MAIDEN NAME: Not stated

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No. 232-12-8270 Not stated

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Acute myocardial infarction and

ANTECEDENT CAUSE (S) (B) Acute myeloblastic leukemia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchopneumonia

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) None

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1954 to Nov. 16, 1954 that I last saw the deceased alive on Nov. 16, 1954, and that death occurred at 5:55 PM, from the causes and on the date stated above.

SIGNATURE H. Leonard Gold M. D. ADDRESS The Clinical Center, N.I.H. DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/20/54

NAME OF CEMETERY OR CREMATORY Bullis Family Plot

LOCATION (City, town or county) (State) North Wilkes Boro N.C.

DATE REC'D BY LOCAL REGISTRAR 11-17-54

REGISTRAR'S SIGNATURE Mary L. Howard Deputy Registrar

24. FUNERAL DIRECTOR Hunt & Lyon ADDRESS Waldorf Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10545

10565 CERTIFICATE OF DEATH Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Gaithersburg R
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 Diamond Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural give location) 414 Diamond Ave.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) C. (Last) Byrne

4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 31, 1879

9. AGE Last birthday: 75 yrs. IF UNDER 1 YEAR Months 5 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retail Sales

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Mont. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John William Byrne

14. MOTHER'S MAIDEN NAME: Sarah Ellen Dowden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-28-8751

17. INFORMANT & ADDRESS: J. Robert Byrnes - Wash. D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis Coronary Artery — 1 year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Nov. 3:00 PM, 1954, that I last saw the deceased alive on Nov. 7, 1954, and that death occurred at Nov. 8, from the causes and on the date stated above.

SIGNATURE Vernon E. Quarles (Degree or title) M.D. ADDRESS Germantown Md. DATE SIGNED 11-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-11-54 — NAME OF CEMETERY OR CREMATORY Forest Oak Cemetery — LOCATION (City, town, or county) (State) Gaithersburg, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 10, 1954 — REGISTRAR'S SIGNATURE Wanda L. Cooke

24. FUNERAL DIRECTOR E. C. Gartner ADDRESS Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10546

10566 **CERTIFICATE OF DEATH** Reg. Dist. No. 218

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Germantown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY. If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 4119 Mass. Ave. N.W. 316 H St NE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) CARAPANOS

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Aug. 19, 1879 | 9. AGE last birthday: 75 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Building Contractor
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: John C. Carapanos
14. MOTHER'S MAIDEN NAME: Anastasia L Anbury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Marylander Rest Home, Germantown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congestive Heart Disease
DUE TO
ANTECEDENT CAUSE (B) Aortic Aneurysm
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to Nov., 19 54, that I last saw the deceased alive on Nov 12, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.
SIGNATURE Vernon S. Martens M. D. ADDRESS Germantown DATE SIGNED Nov 14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 15, 1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Bladensburg Md.

DATE REC'D BY LOCAL REGISTRAR Nov 12, 1954
REGISTRAR'S SIGNATURE Ursula L Cooke
24. FUNERAL DIRECTOR A.L. Hines Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

VS. A15—10-53

1 MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10547

10535 CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Sant. #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 321 - E. Plymouth St.

3. NAME OF DECEASED: (Type or Print) First: Maria — (Middle): — (Last): Casuccio

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1954.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	10/17/88	66 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Dom. Self	Sicily, Campobello	U.S.A.

13. FATHER'S NAME: Salvatore Di Rosa

14. MOTHER'S MAIDEN NAME: Mary Costa

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No	Unknown	Louis Cass, 321 - E. Plymouth St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Hemorrhage	2 mo
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Vascular Disease	4 mo
	DUE TO (c) Arterial Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-16 ..., 1954, to 11-2, 1954, that I last saw the deceased alive on 11-1, 1954, and that death occurred at 2:25 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Andrew G Brandon	M.D.	1150 Conn Ave N.W.	11-2-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/4/54	Geo. Wash. Mem.	Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 3 1954	J. Wilson Dodd	W. W. Chambers & Co.	1400 Chapin St. N.W. Wash. D.C.

VS. A15

10548

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10536 CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND ✓
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 1 mo 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17
STREET ADDRESS (If rural give location) 401 Ethan Allen Ave.

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) Blossom (Last) Caywood

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 9-2-85

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Judson Whithall

14. MOTHER'S MAIDEN NAME: Estelle Whiting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of uterus with

ANTECEDENT CAUSE (B) DUE TO metastases to urinary bladder

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 12-18 Mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

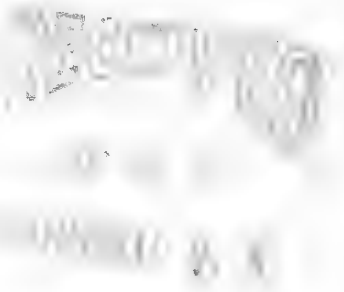
22. I hereby certify that I attended the deceased from Dec 1954, to 24 Nov 1954, that I last saw the deceased alive on 23 Nov 1954, and that death occurred at 6 12 P M, from the causes and on the date stated above.

SIGNATURE M.D. H. F. Kneller ADDRESS Takoma Park Md DATE SIGNED 24 Nov 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 11-27-54 | NAME OF CEMETERY OR CREMATORY: Glenwood Cem. | LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR: NOV. 24-1954 | REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: Jos. Gawler's Sons ADDRESS: 1754 Q. Ave. Wash D.C.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10549

10567 CERTIFICATE OF DEATH Reg. Dist. No. 2/6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 10-30-54, 9-12-54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase, Md.
STREET ADDRESS (If rural give location) 11 W. Irving St.

3. NAME OF DECEASED: (Type or Print) (First) Miss (Middle) Rachel E (Last) Champayne
4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 9 21 72
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 1 Days 21 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Lewis
14. MOTHER'S MAIDEN NAME: Marion Loveless

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Elizabeth Matteson (Niece) 11 West Frederick, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial infarction acute — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary thrombosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1954, to 11 12, 1954 that I last saw the deceased alive on 1954, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED 11/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
DATE THEREOF: 11/15/1954
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Prince Geo. Maryland

DATE REC'D BY LOCAL REGISTRAR: 11/15/54
REGISTRAR'S SIGNATURE: Bessie M. [illegible] from
24. FUNERAL DIRECTOR: Roberts A. Pumphrey
ADDRESS: Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10568

CERTIFICATE OF DEATH

10550

Reg. Dist. No. 2/6

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs.

Hospital, institution or street address where death occurred: 3 - Pooks Hill Road.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Bethesda

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3 - Pooks Hill Road

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME MIRA AUGUSTA CHAPIN.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced.

6.(b) Name of husband or wife: Myron Chapin (deceased)

6.(c) If alive, give age: ... years

7. Birth date of deceased (mo., day, yr.): September 14, 1864.

8. AGE: Years: 90 | Months: 1. | Days: 20 | If less than one day: ... hrs. ... min.

9. Birthplace: Northampton, Mass. (Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business:

FATHER — 12. Name: Frederick Smith Chapin

13. Birthplace: Mass

MOTHER — 14. Maiden name: Sarah Augusta Clapp

15. Birthplace: Northampton, Mass.

16. Informant: Miss Hellene Kingsley.

Address: 3 - Pooks Hill Road, Beth.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: 11-4-54 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland, Maryland

18. Funeral director: Robert H. Pumphrey

Address: Bethesda, Maryland

19. 11-6-54 (Date rec'd by registrar) 19... Bessie M. Frazier, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 4, 1954 at 1:00 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1952 to November 1954 and that I last saw her alive on November 1, 1954

Immediate cause of death	DURATION
Myocardial Decompensation	24 Hrs
Due to: Arteriosclerotic Heart Disease	6+ yrs.
Due to: Generalized Arteriosclerosis	20+ yrs.
Other conditions: (none)	

(Include pregnancy within 3 months of death)

Major findings of operations: (none) Date of op.

Autopsy results: (not performed)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Janeway, Coroner, M.D. M. D. or other

Address: 916 - 19th St., N.W. Wash. D.C. Date signed: 11-4-54

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10569

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10551

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington — LENGTH OF STAY (in this place) 1 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS 2200 Darrow St

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Mont

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington

STREET ADDRESS (If rural, give location) 2000 Darrow St

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) (Last) Cooper

4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-14-74

9. AGE last birthday: 80 yrs.

IF UNDER 1 YEAR: Months — Days

IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: high school

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Cooper

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clara B Sweet — 6813 Burnside Rd Chevy Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arterio Heart Disease	10 yrs
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bonecutter M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): — **DATE THEREOF** 12-2-54 — **NAME OF CEMETERY OR CREMATORY** Arlington National Cemetery — **LOCATION** (City, town, or county) Arlington — (State) Va.

DATE REC'D BY LOCAL REG. 11-29-54 — **REGISTRAR'S SIGNATURE**

24. FUNERAL DIRECTOR Joseph Gawler's Sons — **ADDRESS** 1234 H St. N.E. DC

MARYLAND STATE DEPARTMENT OF HEALTH

10552

10551 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (In this place) D.O.A.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Congressional Airport	STREET ADDRESS (If rural, give location) 500 Stonestreet Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Rodney	Otto	Costello	Nov	13	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	8-26-87	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Janitor		Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Henry Costello	Dinah Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	212-14-7425	Mrs R.O. Costello - Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden death
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Travis J Brochard	M.D	Gaithersburg Md	11-13-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-15-54	Great Oak Cemetery	Gaithersburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 15, 1954	Lawrence H. Kingdon	E.C. Gantner	Gaithersburg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10553

10570 **CERTIFICATE OF DEATH** Reg. Dist. No. 216...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma. LENGTH OF STAY (in this place) 2 minutes. HOSPITAL OR INSTITUTION OR STREET ADDRESS Takoma Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ... COUNTY ... CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville. STREET ADDRESS (If rural give location) 1715 Columbia Road N.W.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Fannie Cox

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: April 5, 1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Northcliff

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. Rel. Burton E. Cox - Falls Church, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2141X

IMMEDIATE CAUSE (A) Acute Congestive Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S) DUE TO (B) Status Asthmaticus — 5 hrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Heart Disease 5 yrs.?

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1954, to Nov 1, 1954, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at 5:00 A.M, from the causes and on the date stated above.

SIGNATURE Stewart Schaffer M. D. — ADDRESS 3921 Rodman St. N.W. — DATE SIGNED Nov 1 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Buried — DATE THEREOF: 11-4-54 — NAME OF CEMETERY OR CREMATORY: Oakwood — LOCATION (City, town, or county) (State): Falls Church, Va.

DATE REC'D BY LOCAL REGISTRAR: 11/1/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR — ADDRESS: Piney Chas. Funeral Home, Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10554

10571 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 108 Croydon Court

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Lee (Last) Cunningham

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S.
8. DATE OF BIRTH: Nov. 20, 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: James A. Cunningham Jr.
14. MOTHER'S MAIDEN NAME: Winifred F. Finch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: James A. Cunningham Jr. 108 Croydon Court Silver Spring, Maryland

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO Massive Gastric Hemorrhage — Few Days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Congenital Pyloric Obstruction
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-21, 1954, to 11-25, 1954 that I last saw the deceased alive on 11-24, 1954, and that death occurred at 9:12P M, from the causes and on the date stated above.
SIGNATURE Carolyn S. Pincoske M.D. ADDRESS 1944 Seminary Rd. DATE SIGNED 11-26 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 11/29/54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR 12/1/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Warner E. Humphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10555

10572

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Tennessee — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Taft
STREET ADDRESS (If rural give location): Route 1

3. NAME OF DECEASED (Type or Print): (First) Ann (Middle) (n) (Last) DAVIDSON

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 2-10-13

9. AGE last birthday: 41 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse Navy

10B. KIND OF BUSINESS OR INDUSTRY: Nurse Retired Navy

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Hubert DAVIDSON

14. MOTHER'S MAIDEN NAME: Jesse B. COATS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S ADDRESS: Sister Miss Hazel DAVIDSON 730 Barrett Rd Falls Church, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Hemorrhage, massive, secondary to attempted removal cardiac tumor — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (B) DUE TO: Tumor, malignant, cardiac — approx. 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11-10-54

19B. MAJOR FINDINGS OF OPERATION: Malignant Cardiac Tumor

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Oct, 19 , to 10 Nov, 1954, that I last saw the deceased alive on 10 Nov, 19 54, and that death occurred at 11:55 M, from the causes and on the date stated above.

SIGNATURE: A. SIKMUND CAPT MC USN — ADDRESS: U. S. Naval Hospital, DNNMC, Bethesda, Maryland — DATE SIGNED: 10-10-57

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 13 Nov 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 10 Nov 1954 — REGISTRAR'S SIGNATURE: Mary E Donnelly

24. FUNERAL DIRECTOR: IVES Funeral Home — ADDRESS: 2847 Wilson Blvd Arlington, Virginia

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10556

10573

CERTIFICATE OF DEATH

Reg. Dist. No. 2 X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please state the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clay Hill — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SEYMOUR NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West of Col — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47 x
STREET ADDRESS (If rural, give location) 821 Delaware Pl N W

3. NAME OF DECEASED (Type or Print): (First) CHARLOTTE (Middle) A (Last) DAVIDSON
4. DATE OF DEATH: (Month) Nov (Day) 7 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 28, 1867
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY: U S A
13. FATHER'S NAME: William Kempf
14. MOTHER'S MAIDEN NAME: Harriet Burnell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Emma L. Matteoat 821 Delaware Pl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis - Chronic. — 4 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18/54, 19..... to 11/7/54, 19....., that I last saw the deceased alive on 11/7/54, 19....., and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Emery C. McCorkle MD 4545 Cherry Hill Rd. Wash. DC

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 11-10-54 — NAME OF CEMETERY OR CREMATORY Kansas City — LOCATION (City, town, or county) (State) Kansas City Mo

DATE REC'D BY LOCAL REG. 11-8-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Neal Funeral Home 48.2 Du Que Wash. DC

RECEIVED
NOV 10 1954
BUREAU V. S.

10557

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10574 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 12½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1313 Ritchie Place N.E.

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) B. (Last) DAVIS

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH. October 7 1896
9. AGE last birthday 56 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin BUFFINGTON
14. MOTHER'S MAIDEN NAME: Clara LUPOLD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----
17. INFORMANT & ADDRESS. Husband Henry E. DAVIS 1313 Ritchie Place N.E., Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO Acute anterior myocardial infarction 12 hours

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive cardiovascular disease

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1954, to Nov 10, 1954, that I last saw the deceased alive on 10 Nov, 1954, and that death occurred at 6:00 PM, from the causes and on the date stated above.

SIGNATURE P. J. Bamberg — ADDRESS — DATE SIGNED

P. BAMBERG LT MC USN U.S.Naval Hospital NNMC, Bethesda, Maryland 10 Nov 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 13 Nov 54
NAME OF CEMETERY OR CREMATORY: Maple Grove Cemetery
LOCATION (City, town, or county) (State): Elizabethville, Pa.

DATE REC'D BY LOCAL REGISTRAR: 10 NOV 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS: S.H. Hines Funeral Home, 2901 14th St N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10558

10537 CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7133 Sycamore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 7133 Sycamore Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) GARNET W. DEARDORFF

4. DATE OF DEATH: (Month) (Day) (Year) November 24 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 3, 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist,

10B. KIND OF BUSINESS OR INDUSTRY: Dept. of Commerce,

11. BIRTHPLACE (State or foreign country): U.S.Gov't. (Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Deardorff

14. MOTHER'S MAIDEN NAME: Charlotte Wildeson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 173-03-1655

17. INFORMANT & ADDRESS: G. Eugene Deardorff, 1522-23rd St., S.E.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Myocardial Infarction

ANTECEDENT CAUSE (B) DUE TO Coronary Artery Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15 1953, to Nov 24, 1954, that I last saw the deceased alive on Nov 24, 1954, and that death occurred at 3:30 P M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS M. D. Boris Roblin, 1200 Lebanon Street S.S. Hdn

DATE SIGNED Nov 24, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov. 27 1954

NAME OF CEMETERY OR CREMATORY Green Hill Cemetery

LOCATION (City, town, or county) (State) Waynesboro, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR Nov 27-1954

REGISTRAR'S SIGNATURE F. Wilson Dodd

24. FUNERAL DIRECTOR Warner E. Pumphrey

ADDRESS Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10560

10575

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Ltr. 5 7.15 Film 174 12-C-54 C.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda — LENGTH OF STAY (in this place) 6 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban (Sub)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY 47
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.C. WASHINGTON
STREET ADDRESS (If rural give location) 5000 MacArthur Blvd N.W.

3. NAME OF DECEASED: (Type or Print) (First) Geo. (Middle) V. (Last) Lucas-De Lasos

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: 1881? | 9. AGE last birthday: 73? yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10B. KIND OF BUSINESS OR INDUSTRY: Produce Merchant | 11. BIRTHPLACE (State or foreign country): Greece | 12. CITIZEN OF WHAT COUNTRY? yes USA

13. FATHER'S NAME: Lukas - De Lasos | 14. MOTHER'S MAIDEN NAME: Evangeline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Laura De Lasos, Son

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) arteriosclerosis generalized — Unknown

DUE TO (C) diabetes mellitus. — 3 years Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. cerebral thrombosis c rt. hemiplegia — 7 yrs.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Dec, 1951, to 29 Nov, 1954 that I last saw the deceased alive on 29 Nov., 1954, and that death occurred at 11:12 AM, from the causes and on the date stated above.

SIGNATURE William F. Runge M. D. ADDRESS 3705 Harrison St. N.W. DATE SIGNED Nov 29, '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 2 Dec 1954 | NAME OF CEMETERY OR CREMATORY FT LINCOLN | LOCATION (City, town, or county) (State) Rt. Geo. Co. MD.

DATE REC'D BY LOCAL REGISTRAR 11/30/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S. H. Hines Co | ADDRESS 2901 14th St N.W.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10538

CERTIFICATE OF DEATH

10561

Reg. Dist. No. 423

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 700 Hudson Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 4908 Kansas Ave., N.W.

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) LORRAINE (Last) DeVAUGHN
4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: AUG. 16, 1895
9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ADDRESSOGRAPH OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: POTOMAC ELECTRIC POWER CO.
11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: DENNIS PUMPHREY
14. MOTHER'S MAIDEN NAME: ANNIE PUMPHREY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT AND ADDRESS: SON, WALTER DeVAUGHN, 10108 EDGEWOOD AVE SILVER SPRING, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMMORRHAGE	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE ARTERIO SCLEROTIC CEREBRO-VASCULAR DISEASE	7 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: DIABETES MELLITUS

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): NONE
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 20, 1954, to NOV. 17, 1954, that I last saw the deceased alive on NOV. 16, 1954, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: Leo J. Schikhaus (Degree or title) M.D. ADDRESS: 6101 NEW HAMPSHIRE AVE N.E. WASHINGTON, D.C. DATE SIGNED: 11/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: NOV. 19-1954
NAME OF CEMETERY OR CREMATORY: Arlington Nath. Cem.
LOCATION (City, town, or county): Arlington (State): Va.

DATE REC'D BY LOCAL REG.: NOV. 17-1954
REGISTRAR'S SIGNATURE: J. Nelson Dodd
24. FUNERAL DIRECTOR: S. H. Hines Co. ADDRESS: 2901-14 ST. N.W. WASH. D.C.

7214 A.

NOV

10562

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10576

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Garrett Park
STREET ADDRESS (If rural give location) 5025 Druid Drive

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Hanson (Last) DEVONCHIK

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-23-53

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 11 Days 15 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph M. DEVONCHIK

14. MOTHER'S MAIDEN NAME: Jesse PETERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S ADDRESS: Father: Joseph M. DEVONCHIK 5025 Druid Dr. Garrett Park, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 491 X — (A) Anoxia — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (B) — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) DUE TO Bronchiolitis, Acute — 3 days

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Nov, 1954, to 8 Nov, 1954, that I last saw the deceased alive on 8 Nov, 1954, and that death occurred at 4:05P M, from the causes and on the date stated above.

SIGNATURE M S Allen M.D.
ADDRESS M. S. ALLEN LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED 11-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10 Nov 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 9 Nov 1954
REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS R. A. PUMPHREY Funeral Home 7557 Wisconsin Avenue, Bethesda, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information ■refully. The correct age is especially important. Physicians: please write the c■■■■ of death clearly ■nd legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10577

CERTIFICATE OF DEATH

10563

Reg. Dist. No. 2-4

VS. A11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Monty — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington | LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Mon
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3230 Kensington St
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Beulah (Middle) May (Last) Dickenson

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: May 23 1869

9. AGE last birthday: 85 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: N. A

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Frederick W Miller

14. MOTHER'S MAIDEN NAME: Margaret Field

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Catherine L. Dickenson Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Circulatory Failure — Interval Between Onset and Death: 15 Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Bowel — 2 YEARS

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ccr Pulmonale — 2 YEARS.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954 to Nov 11, 1954 that I last saw the deceased alive on Nov 11, 1954 and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles W Oliver M.D. ADDRESS 1200 Arlington Blvd Falls Church DATE SIGNED 11-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11/15/54 | NAME OF CEMETERY OR CREMATORY Rock Creek Cem | LOCATION (City, town, or county) (State) Wash D C

DATE REC'D BY LOCAL REG. 11-12-54 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR ADDRESS W H Huntsman & Son 5752 Ga Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10578

CERTIFICATE OF DEATH

10564

Reg. Dist. No. 21-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rt. #2 Silver Spring
LENGTH OF STAY (in this place): 24 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): R.F.D. # 2.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Dorr.

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 8/28/1880

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Dorr

14. MOTHER'S MAIDEN NAME: Mary A. Auth.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): yes. / Spanish American

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Silver Spring, Md. Mr. Louis E. Ruppert - 8503 Lahona Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Dilatation	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1954, to Nov. 3, 1954, that I last saw the deceased alive on November 3/54 and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE: J.M.B. (Degree or title): M.D. ADDRESS: Sandy Spring Md. DATE SIGNED: 11/4/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 11/8/54 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: 11-5-54 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Frank Geers Sons Co — ADDRESS: 3605-14 St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

10566

10579

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please state the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; LENGTH OF STAY (In this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS (Tobytown) R.F.D 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; STREET ADDRESS (If rural, give location) (Tobytown) R.F.D 4 3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice	May	Doyle	11	21	195X

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fem.	Col	Single	10-13 5X		1	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leroy Martin	May Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		May Doyle Martin - Gaithersburg Md R.3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Broncho pneumonia	1 Found dead in bed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X] accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D		Gaithersburg, Md	11-21-5X

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-23-54	Tobytown	Gaithersburg, Md R.F.D 3	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 26 1954	Laurell K. Kingloop Per [illegible]	Robert L. Snowden	Rockville, Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10567

10580

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 603 Pershing Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 603 Pershing Drive

3. NAME OF DECEASED: (Type or Print) First: Minnie (Middle) (Last) Drexilius

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept. 25, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Litchfield, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown Roseman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. Charles R. Drexilius, 603 Pershing Drive, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic Heart Disease — —

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1954 to Nov. 16 1954 that I last saw the deceased alive on Nov. 16, 1954 and that death occurred at 3:30 P M. from the causes and on the date stated above.

SIGNATURE Marion Bamshead M. D. ADDRESS 9241 Col. Blvd. Silver Spring Md. DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11/18/54

NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: 11-18-54

REGISTRAR'S SIGNATURE: Florence Tatterson

24. FUNERAL DIRECTOR: Warner E. Pumphrey

ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

10568

10581

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Item 2, Film G172 11-8-54 et

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery (Co.) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bruce Rest Home Silver Spring Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 520 Notley Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) L. (Last) Eccleston
4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 11/4/1872 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: Retired Journalist | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mr. W. L. Eccleston 1726 Jefferson Pl. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Arteriosclerosis Nephritis	6 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4 ..... , 19 52 , to 11/1 ..... , 19 54 that I last saw the deceased alive on 10/30/ ..... , 19 54 , and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. R. Bailey M.D. Sandy Spring, 11/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/2/54 | NAME OF CEMETERY OR CREMATORY: Sylvan Lawn | LOCATION (City, town, or county) (State): Green, N. Y.

DATE REC'D BY LOCAL REG. 11-1-54 | REGISTRAR'S SIGNATURE: Gertrude B Fawler | 24. FUNERAL DIRECTOR: S. H. Hines Co | ADDRESS: 2901-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10582 10569

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9806 Wildwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 9806 Wildwood Road

3. NAME OF DECEASED: (Type or Print) (First) Jennie W. (Middle) (Last) Ellis

4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 3, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months 6 Days 14 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse

10B. KIND OF BUSINESS OR INDUSTRY: Hospitals

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Fred Whiler

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. yes

17. INFORMANT & ADDRESS: Mrs Norman W. Philcox-Item#2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — 3 years.

DUE TO (C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22, 1953, to Nov 17, 19 54, that I last saw the deceased alive on Nov 16, 19 54, and that death occurred at 4:15 PM, from the causes and on the date stated above.

SIGNATURE George Sharpe M.D. ADDRESS 10644 Conn. Ave Kensington, Md DATE SIGNED 11/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-Transit

DATE THEREOF: 11-18-54

NAME OF CEMETERY OR CREMATORY: Poughkeepsie Rural

LOCATION (City, town or county) (State): Poughkeepsie, New York

DATE REC'D BY LOCAL REGISTRAR: 11/18/54

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH — 10583 — 10570

CERTIFICATE OF DEATH

Reg. Dist. No. 216

ten 2, Fil 6/13 11-1-54 et

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Rockville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Howard) Bethesda
STREET ADDRESS (If rural give location) 6109 Shadow Road Waverley Sanitarium Rockville, Md. Rt 4

3. NAME OF DECEASED: (Type or Print) (First) Sims (Middle) (Last) Ely

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1954

5. SEX: male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower — 8. DATE OF BIRTH: Jan. 7 1862 — 9. AGE last birthday: 92 yrs. — IF UNDER 1 YEAR: Months 10 Days 4 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Editor — 10b. KIND OF BUSINESS OR INDUSTRY: Newspapers — 11. BIRTHPLACE (State of foreign country): Tennessee, U.S.A. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew Sims Ely — 14. MOTHER'S MAIDEN NAME: Susan Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Helen Ely Richardson - N.Y. City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Chronic myocardial insufficiency — Interval Between Onset And Death: 4 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Arteriosclerosis — 10 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1950, to Nov. 10, 1954, that I last saw the deceased alive on Nov. 10, 1954, and that death occurred at 5:00 A.M. - 1954, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Robert C. Huff M.D. — 4529 Maple Ave, Bethesda, Md — Nov. 11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF Nov. 12, 1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory — LOCATION (City, town, or county) (State) Prince George Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11/12/54 — REGISTRAR'S SIGNATURE Louise Thompson — 24. FUNERAL DIRECTOR Robert C. Pumphrey — ADDRESS Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10571

10584 CERTIFICATE OF DEATH Reg. Dist. No. 2/4

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Silver Spring
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 820 Gist Avenue

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 820 Gist Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Frederick (Last) Engel
4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/25/73
9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Interstate Commerce Comm. (retired)
11. BIRTHPLACE (State or foreign country): Peekskill, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Engel
14. MOTHER'S MAIDEN NAME: Carolyn Younger
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Lillian M. Engel, 820 Gist Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Carcinoma of Prostate DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)
Interval Between Onset And Death: 18 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Nov 17, 1954, that I last saw the deceased alive on Nov 16, 1954, and that death occurred at 5:30pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dean H. Harding M.D. 113 Carroll St NW. Wash DC 11/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial
DATE THEREOF 11/20/54
NAME OF CEMETERY OR CREMATORY Hillside Cemetery
LOCATION (City, town, or county) (State) Peekskill, New York

DATE REC'D BY LOCAL REGISTRAR 11/19/54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR ADDRESS Warner L. Lumpkin 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10572

10585 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 2326 South Main Street

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) ESTES

4. DATE OF DEATH: (Month) November (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 11-24-54

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 1 Min. 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Donald Earl ESTES

14. MOTHER'S MAIDEN NAME: Teresa WATTERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S ADDRESS: Father: Mr. Donald E. ESTES 2326 S. Main St., Arlington, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) DUE TO Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs.

ANTECEDENT CAUSE (B) DUE TO Prematurity at 7½ lbs — 1½ hrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Gestation.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Nov, 1954, to 24 Nov, 1954 that I last saw the deceased alive on 24 Nov, 1954, and that death occurred at 5:10 AM, from the causes and on the date stated above.

SIGNATURE W. S. Matthews — ADDRESS — DATE SIGNED

W. S. MATTHEWS LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 11-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 6 Dec 1954 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 28 Nov 1954 — REGISTRAR'S SIGNATURE Mary E. Cassidy

24. FUNERAL DIRECTOR R. A. PUMPHREY FUNERAL HOME — ADDRESS 7557 Wisconsin Ave., Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10573

10585-a CERTIFICATE OF DEATH Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Kentucky COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington
STREET ADDRESS (If rural give location) 440 clifton Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) EVANS

4. DATE OF DEATH: (Month) November (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 2-20-92

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10B. KIND OF BUSINESS OR INDUSTRY: Guard Pentagon

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles D. EVANS

14. MOTHER'S MAIDEN NAME: Elizabeth J. KENNOY

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S ADDRESS: Official Records from VA and this Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma gastro intestinal — INTERVAL BETWEEN ONSET AND DEATH 8 months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Nov, 1954 to 21 Nov, 1954 that I last saw the deceased alive on 21 Nov, 1954 and that death occurred at 12:20A M, from the causes and on the date stated above.

SIGNATURE S. R. Mills — ADDRESS S. R. MILLS LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 11-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit — DATE THEREOF 25 Nov 1954 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Nicholasville, Ky. (State)

DATE REC'D BY LOCAL REGISTRAR 22 Nov 1954 — REGISTRAR'S SIGNATURE Mary E. Darnell

24. FUNERAL DIRECTOR — ADDRESS Deal Funeral Home 4812 Georgia Ave N.W. Washington, D.C.

10574

10586

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 823 Bonifant St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 823 Bonifant St.

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Frances (Last) Finn

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 28, 1885

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker -- own home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Albany, New York

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Williams

14. MOTHER'S MAIDEN NAME: Mary Cain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Anna Mae Atkinson, 823 Bonifant St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank P. Borchart (Degree or title): M.D. ADDRESS: Hagerstown Md DATE SIGNED: 11-6 54

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 11/6/54 — NAME OF CEMETERY OR CREMATORY: St. Agnes Cemetery — LOCATION (City, town, or county) (State): Colonie, Albany County, N.Y.

DATE REC'D BY LOCAL REG.: 11-8-54 — REGISTRAR'S SIGNATURE: Frances Stein

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
NOV 10 1954
BUREAU V. S.

10575

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10587

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; MARYLAND; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington; STREET ADDRESS (If rural give location) 3228 Rittenhouse St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Ora (Middle) S. (Last) Fisher

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 1, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scientific

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Dept. Agr.

11. BIRTHPLACE (State or foreign country): ?

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: H. L. Shrader 4206 Georgetown Road Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 29, 1954 to Nov 3, 1954 that I last saw the deceased alive on Nov 3, 1954, and that death occurred at 5:05 P M, from the causes and on the date stated above.

SIGNATURE Robert J. Mansell M.D. ADDRESS 5516 Neb. Ave DC DATE SIGNED 11-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Nov. 6, 1954

NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REGISTRAR: 11/4/54

REGISTRAR'S SIGNATURE: Bessie M. Thorn

24. FUNERAL DIRECTOR: S. H. Hines Co. ADDRESS: 2901-14th St. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10576

10588 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 6421-33rd St N.W. Wash DC

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) B. (Last) Forbes
4. DATE OF DEATH: (Month) Nov. (Day) 2, (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE MARRIED WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Aug. 25 1874 Aug 25 1874 | 9. AGE last birthday 80 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Evan F. Forbes-Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial Failure — 2 hrs.
ANTECEDENT CAUSE (S) DUE TO (B) (Senility)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Parkinsons Disease — 10 yrs.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION 0 | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Sept. 1954, to Nov 2, 1954 that I last saw the deceased alive on Oct 17, 1954 and that death occurred at 9.40 P M, from the causes and on the date stated above.

SIGNATURE R Bretney Miller M.D. — M.D. | ADDRESS 1834 Eye St NW. | DATE SIGNED Nov 2, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit | DATE THEREOF 11-4-54 | NAME OF CEMETERY OR CREMATORY St. John's | LOCATION (City, town, or county) (State) Hampton, Va.

DATE REC'D BY LOCAL REGISTRAR 11/3/54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Robert L. Humphrey | ADDRESS Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10577

CERTIFICATE OF DEATH

10589

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 4560 3rd Street S.E.

3. NAME OF DECEASED: (Type or Print) (First) Stephen (Middle) Charles (Last) FORBUSH

4. DATE OF DEATH: (Month) (Day) (Year) November 23 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 11-6-54

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.: 17

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Arthur FORBUSH JR

14. MOTHER'S MAIDEN NAME: Edna Mae BLYTHE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Father Mr. Charles A. FORBUSH Jr 4560 3rd St S.E. Washington, D.C.

MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSE (B) DUE TO:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prematurity — 17 days

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Nov, 1954 to 23 Nov, 1954, that I last saw the deceased alive on 23 Nov, 1954, and that death occurred at 9:55 PM, from the causes and on the date stated above.

SIGNATURE: D. J. PASCOE LT MC USN — ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 11-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 28 Nov 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 24 Nov 1954 — REGISTRAR'S SIGNATURE: Mary E. Crawley

24. FUNERAL DIRECTOR: R. A. PUMPHREY Funeral Home — ADDRESS: 7557 Wisconsin Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10579

10590 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Hamp. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manchester
STREET ADDRESS (If rural give location) 28 Candia Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) F. (Last) Fowler

4. DATE OF DEATH. (Month) Nov. (Day) 24 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify). Single

8. DATE OF BIRTH: 19 Sept. 1876

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months 2 Days 5 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chiropodist (Retired)

10B. KIND OF BUSINESS OR INDUSTRY: Not stated

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Fowler

14. MOTHER'S MAIDEN NAME: Lizzie Plumer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 003-24-4312

17. INFORMANT & ADDRESS: Patient on admission and the medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Lymphocytic leukemia DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: -----

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) -----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1954, to Nov. 24, 1954, that I last saw the deceased alive on Nov. 24, 1954, and that death occurred at 4:10 A.M., from the causes and on the date stated above.

SIGNATURE L. R. Schrader, M.D. M.D. ADDRESS The Clinical Center, NIH DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial transit

DATE THEREOF 11/25/54

NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

LOCATION (City, town, or county) (State) Manchester New Hampshire

DATE REC'D BY LOCAL REGISTRAR 11/26/54

REGISTRAR'S SIGNATURE Burnie M. Thompson

24. FUNERAL DIRECTOR Roberts & Pumphrey

ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

10578

10539

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Prince [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Maryland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium - Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 909 Elm [illegible]

3. NAME OF DECEASED (Type or Print): (First) Mr. Luther (Middle) S. (Last) Frey

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct-17-1892

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George T. Frey

14. MOTHER'S MAIDEN NAME: Bessie Leiby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Vinnie Frey - wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infarct of heart	months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	several years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

ACCIDENT, SUICIDE OR HOMICIDE: PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Sweeney M.D. Washington D.C. 11-11-54

CREMATION (Specify) DATE THEREOF 11-15-54 NAME OF CEMETERY OR CREMATORY Rock Creek LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Nov. 11 1954 REGISTRAR'S SIGNATURE F. Wilson Dodd

22a. FUNERAL DIRECTOR Wm. Funeral Home ADDRESS 4611 Fay St. N.E. Washington D.C.

MARGIN RESERVED FOR BINDING. Please write plainly, with unfading ink. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS A1-A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10591 **CERTIFICATE OF DEATH** Reg. Dist. No. 216 10580

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 93 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C.
STREET ADDRESS (If rural give location) 3013 Porter St., N.W.

3. NAME OF DECEASED: (First) Rosalind (Middle) (Last) Friedman
4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1954
5. SEX. F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M
8. DATE OF BIRTH: April 15, 1898
9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Meyer Friedman
14. MOTHER'S MAIDEN NAME: Lena Fleisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Patient on admission; the medical record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Bilateral hydronephrosis with pyelonephritis
DUE TO and uremia
(B) Ureteral obstruction by metastatic carcinoma
DUE TO
(C) Diffuse abdominal metastases from carcinoma, small bowel

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: - -
19B. MAJOR FINDINGS OF OPERATION - -
20. AUTOPSY? YES [X] NO [ ]
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) -
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) - -
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) -
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) - M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Aug. 20 1954, to Nov. 21, 1954, that I last saw the deceased alive on November 21 1954 and that death occurred at 4:05a M, from the causes and on the date stated above.
SIGNATURE Gene Gordon ADDRESS The Clinical Center National Institutes of Health DATE SIGNED Nov. 21, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-22-54
NAME OF CEMETERY OR CREMATORY Mt Lebanon Cem
LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/22/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS 3501-14th St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10581

10592 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) 4 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase; STREET ADDRESS (If rural give location) 7104 Delaware Street

3. NAME OF DECEASED: (Type or Print) (First) Edith (Middle) Corinne (Last) Gargiulo

4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: June 17 1889

9. AGE last birthday 65 yrs; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Joseph A. Gargiulo Jr.

14. MOTHER'S MAIDEN NAME: Mariarella [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS. 7104 Delaware Street Joseph A. Gargiulo Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia, hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral Thrombosis — 4 Days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis, cerebral — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatic Heart Disease, mitral Stenosis — 40 Yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1952, to Nov. 3, 1954 that I last saw the deceased alive on Nov. 3, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE Chas. V. Ingle M.D. ADDRESS 5009 Del Ray Ave Bethesda, Md DATE SIGNED 11/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 11-6-54; NAME OF CEMETERY OR CREMATORY Kensico Cemty; LOCATION (City, town, or county) Valhalla, N.Y. (State)

DATE REC'D BY LOCAL REGISTRAR 11/6/54; REGISTRAR'S SIGNATURE [illegible]; 24. FUNERAL DIRECTOR Joseph Sanderson; ADDRESS 1736 Pa Ave

MARYLAND STATE DEPARTMENT OF HEALTH

10582

10593

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1112 Carson St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass. — COUNTY Middlesex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneham
STREET ADDRESS (If rural, give location) 41 High St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nellie	Louise	Glendon	Nov	28	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Nov. 19, 1884	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	Own Home	Sharon, Mass.	U. S. A.

13. FATHER'S NAME: John Harrigan

14. MOTHER'S MAIDEN NAME: Unknown Regan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Wm. R. Glendon, 1112 Carson St., Silver (Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Few hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Fred J. Brockhurst M.D.	Gaithersburg Md	11-28-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	Nov. 28, 1954	Calvary Cemetery	Woburn, Massachusetts

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-29	[illegible]	Warner E. Pumphrey	Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10594

CERTIFICATE OF DEATH

Reg. Dist. No. 10583

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Derwood
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Needwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Derwood
STREET ADDRESS (If rural give location): Needwood Road

3. NAME OF DECEASED (Type or Print): (First) H. (Middle) JUDSON (Last) GUDE

4. DATE OF DEATH: (Month) Nov. (Day) 29, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 26, 1891

9. AGE last birthday: 63 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairyman

10B. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Gude

14. MOTHER'S MAIDEN NAME: Polly Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Eleanor L. Gude-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/4, 1954 to 11/29, 1954, that I last saw the deceased alive on 11/27, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE A. J. Thibadeau M.D. ADDRESS 10111 Colesville Rd. Silver Spring, Md. DATE SIGNED 11/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-30-54	St. Marys	Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/2/54	Laurell H. Graytop	Robt. A. Pumphrey,	Bethesda, Md.

Health Dept -

10595

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10th Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 218

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg / LENGTH OF STAY (In this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Germantown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg	STREET ADDRESS (If rural, give location) Germantown,

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ira	Montgomery	HALL	Nov. 29, 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-2-1884	69 yrs.	11	27		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Building	Maryland	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Hall	? Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO:	17. INFORMANT & ADDRESS:
No	Unknown	Emily W. Hall - Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ..... DUE TO Coronary Occlusion	2 years ... 1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ..... DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Emily W. Hall M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-29-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-1-54	Neelsville Church Cem.	Neelsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
DEC 30, 1954	Linda L. Cook	Robert D. Humphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10585

10596

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 88 Que St., S.W.

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) B. (Last) Hall

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 27 1954

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 6 Dec. 1911

9. AGE last birthday 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ward attendant

10B. KIND OF BUSINESS OR INDUSTRY: Gov. Hosp.

11. BIRTHPLACE (State or foreign country): Dist. of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elias Berry

14. MOTHER'S MAIDEN NAME: Magdeline Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not stated

17. INFORMANT & ADDRESS: The medical record, the Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Renal insufficiency DUE TO

(C) Chronic glomerulonephritis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1954 to Nov. 27, 1954 that I last saw the deceased alive on Nov. 27, 1954, and that death occurred at 6:55P M, from the causes and on the date stated above.

SIGNATURE Robert E. Hyatt
ADDRESS The Clinical Center, NIH
M. D. Bethesda, Maryland
DATE SIGNED 11/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 11-28-54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 28 Nov 1954 REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR Barnes & Matthews ADDRESS 614-4½ St. S.W.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10597

CERTIFICATE OF DEATH

10586

Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4629 Rosedale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4629 Rosedale Ave.

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) ALMON (Last) HARDING

4. DATE OF DEATH: (Month) Nov. (Day) 2, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Apr. 24, 1866

9. AGE last birthday: 88 yrs.
IF UNDER 1 YEAR: Months 8 Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.

10B. KIND OF BUSINESS OR INDUSTRY: U.S.Govt.Clerk

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William A. Harding

14. MOTHER'S MAIDEN NAME: Ellen L. Chapin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Ruth C. Harding-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial Infarction — 6 wks.

ANTECEDENT CAUSE (B) DUE TO Cardio-Vascular-Renal Disease — 5 yrs. +

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Prostatitis — 5 yrs. +

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Nov. 2, 1954, that I last saw the deceased alive on Nov. 2, 1954, and that death occurred at 6:45 P. M., from the causes and on the date stated above.

SIGNATURE Karl Bartlett M.D. ADDRESS 3130 Wis. Ave. DATE SIGNED 11/2/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11-5-54

NAME OF CEMETERY OR CREMATORY: Rock Creek

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 11/3/54

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert T. Pumphrey

ADDRESS: Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10587

10598

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: 4607 Cooper Lane
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4607 Cooper Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4607 Cooper Lane

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Dezell (Last) Hardy

4. DATE OF DEATH: (Month) (Day) (Year) 11 - 21 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feb. 2, 1880

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supt.

10B. KIND OF BUSINESS OR INDUSTRY: Railway Mail

11. BIRTHPLACE (State or foreign country): Rushford, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elbert Hardy

14. MOTHER'S MAIDEN NAME: Florence Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Elizabeth Hardy-4607 Cooper Lan

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

IMMEDIATE CAUSE (A) Coronary occlusion with Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Cardio-vascular disease — 5 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept ..., 1954, to Nov 21 ..., 1954, that I last saw the deceased alive on Nov 20, 1954, and that death occurred at 2 A M, from the causes and on the date stated above.

SIGNATURE Frank J. Geier M. D. ADDRESS Wash. D.C. DATE SIGNED 11-21-54

1801-Eye St. N.W.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Removal — DATE THEREOF Nov. 24, 1954 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Harrisburg, Pa.

DATE REC'D BY LOCAL REGISTRAR 11/22/54 — REGISTRAR'S SIGNATURE Jessie M. Thompson

24. FUNERAL DIRECTOR S. H. Hines Co. — ADDRESS 2901-14th St. N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10588

10598 CERTIFICATE OF DEATH

Reg. Dist. No 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 9 months 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Winchester
STREET ADDRESS (If rural give location) 314 Amherst Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edwin (Last) HARPER

4. DATE OF DEATH: (Month) (Day) (Year) November 10 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1918
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreign Service Officer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis HARPER
14. MOTHER'S MAIDEN NAME: Llewelyn SILVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. ------
17. INFORMANT & ADDRESS: Wife: Mrs. Deborah HARPER 314 Amherst Street, Winchester, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Glioblastoma multiforme, left cerebrum — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3-10-54
19B. MAJOR FINDINGS OF OPERATION: Glioblastoma, left cerebrum.
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8 1954, to 10 Nov., 19 54 that I last saw the deceased alive on 10 Nov, 19 54, and that death occurred at 8:20p M, from the causes and on the date stated above.

SIGNATURE: R.W.MACKIE LCDR MC USN — ADDRESS: U.S.Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 11 Nov 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 15 Nov 1954
NAME OF CEMETERY OR CREMATORY: Mount Hebron Cemetery
LOCATION (City, town, or county) (State): Winchester, Virginia

DATE REC'D BY LOCAL REGISTRAR: 11 Nov 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS: George W. KURTZ Funeral Home Winchester, Virginia

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10589

10660

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 10-15-54 — 11-5-54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location) 3513 Tilton Pl.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) (Last) Hartley

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: 11/23/82

9. AGE last birthday 71 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Frances Rawl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Miss Winn, gd Hartley

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Bronchopneumonia	1 wk
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Advanced cerebral arterio-sclerosis with	5 yrs
	(C) Advanced Parkinsonism	5 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10-18-54

19B. MAJOR FINDINGS OF OPERATION: Intracapsular transcervical fracture rt. hip

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (City or town) Washington (County) (State) D.C.

21D. TIME (Month) 10 (Day) 18 (Year) 1954 (Hour) 1 P.M. OF INJURY

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Fell Pt. tripped in basement at home &

22. I hereby certify that I attended the deceased from , 1947, to Nov 5, 1954 that I last saw the deceased alive on Nov 5, 1954, and that death occurred at 7:10 P.M, from the causes and on the date stated above.

SIGNATURE Clement E Kelly M.D ADDRESS 3921 Ingomar St N.W. DATE SIGNED Nov 6 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 10-

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 11/8/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10590

10601 CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
MARYLAND
LENGTH OF STAY (in this place) 9 mo —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Convalescent Home —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural, give location) 9402 Monroe St.

3. NAME OF DECEASED: (Type or Print) (First) Roy (Middle) M. (Last) Heizer

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 11-1878

9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Builder-retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Howard Heizer

14. MOTHER'S MAIDEN NAME: Sidney H. Bear

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs. Marion H. Chandler—9402-Monroe St.—Silver Spring Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac arrest

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary occlusion

DUE TO

(c) Generalized arteriosclerosis 5 yrs.

Interval Between Onset And Death: 1 hr.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1954, to Nov. 9., 1954, that I last saw the deceased alive on Nov. 9, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Boden Zeigler M.D.

ADDRESS Olney, Md

DATE SIGNED 9 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/12/54

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 11-13-54

REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Warner & Dunphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Md.

Recd from Potter

NOV 1
BUREAU V. 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10591

10602

Item 13 Film D173 11/26/54 mmc

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) 13 days 9½ hr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring; STREET ADDRESS (If rural give location) 8428 - 10th Ave. Silver Spring Md

3. NAME OF DECEASED: (First) Cornelia (Middle) (Last) Hepp

4. DATE OF DEATH: (Month) 11 - (Day) 18 (Year) 1954

5. SEX: Female; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow; 8. DATE OF BIRTH: 3-13-84; 9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —; 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.; 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Franic Althoff

14. MOTHER'S MAIDEN NAME: Althoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.); (If Yes, give war or dates of service); SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Miss Helen Haly (Daughter) Same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertensive Cardiovascular Disease

(C) Fracture left humerus (Coroner notified O.K.) — 5 wks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma left breast — 2 yrs.

19A. DATE OF OPERATION: ; 19B. MAJOR FINDINGS OF OPERATION ; 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER); 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.); 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.; 21E. INJURY OCCURRED While at work ☐ Not while at work ☐; 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953 to 11-18-1954, that I last saw the deceased alive on 11/17/1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE Bernard A. Fitzgerald M.D. ADDRESS 9620 Old Rockville Pike DATE SIGNED 11/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 11/23/54; NAME OF CEMETERY OR CREMATORY Arlington Natl; LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REGISTRAR 11-18-54; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR 1401 14th ADDRESS A. H. Hume Co. Washington D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

10592

10540

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs, Maryland
STREET ADDRESS (If rural, give location) 6 Manchester Place # 303

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mrs. Emily	B.	Hess	11 -	16 -	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fe	(W-Cauc.	Married	June 10, 1934	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper (bank)	Suburban Trust Co.	Woodbury, N. J.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sharp, Mr. Robert F. (Jr.)	Storz, Mrs. Emma)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	149-24-9668	James H. Hess - husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Vascular Accident	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT, HOMICIDE OR SUICIDE? WAS INJURY PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred J. Brosnan	M. D.	Gaithersburg, Md.	11-16-54

DISPOSITION (Burial, cremation, removal, donation, etc.)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal & Burial	Nov. 17, 1954	National Cemetery	Beverly, New Jersey

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 17 1954	J. Atchison Dodd	Warner C. Pumphrey	Silver Spring, Md.

MARGIN RESERVED FOR BINDING. PLEASE WRITE WITH UNFADING INK. Supply every item of information carefully. The correct answer to each question is essentially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

10593

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10603 **CERTIFICATE OF DEATH**

Reg. Dist. No. 217

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Derwood
LENGTH OF STAY (in this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural # 1 Gaithersburg Rt 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Henry (Middle) Randolph (Last) Heckman
4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W	Married	9/21/1897	57 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Heckman
14. MOTHER'S MAIDEN NAME: Emma Va Voots

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Senior Heckman Rockville Rt 1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Secondary anemia	3 mos
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Carcinoma Left Lung DUE TO	1 yr
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ——

19A. DATE OF OPERATION: 10/1 25
19B. MAJOR FINDINGS OF OPERATION Exploratory Lap & Biopsy
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1 ..... , 1954, to 11/25 , 1954 that I last saw the deceased alive on 11/25 , 1954, and that death occurred at 7:35 M, from the causes and on the date stated above.
SIGNATURE [illegible] M. D. ADDRESS Gaithersburg Md DATE SIGNED 11/29/54

23 BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/29/54	Arlington Natl.	Arlington Va.

DATE REC'D BY LOCAL REGISTRAR 11/25/54 REGISTRAR'S SIGNATURE Emma B Lowen
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St NW Washington D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10594

10552 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 908 City Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 908 City Road

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) H. (Last) HOLEHAN

4. DATE OF DEATH: (Month) Nov. (Day) 17, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Aug. 10, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months 3 Days 7 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Hancock

14. MOTHER'S MAIDEN NAME: Susanna Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Irene King-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Myocardial failure (decompensation) 2 weeks
DUE TO

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO

(C) Obesity many years
abdominal tumor probably many years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June ..... 19 54 to Nov. 17, 19 54 that I last saw the deceased alive on Nov. 16, 19 54 and that death occurred at 2:10 P.M. from the causes and on the date stated above.

SIGNATURE Wm A. Linthicum M. D. ADDRESS Rockville Md. DATE SIGNED Nov. 17, 1954.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-20-54
NAME OF CEMETERY OR CREMATORY Oak Hill
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR 11-18-54
REGISTRAR'S SIGNATURE Laurell H. Bruton
FUNERAL DIRECTOR Robert M. Humphreys
ADDRESS Bethesda, Md.

NOV 19 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10604

CERTIFICATE OF DEATH

Reg. Dist. No. 10595 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural give location): Temple Trailer Village Lot #99

3. NAME OF DECEASED: (First) Debra (Middle) Lee (Last) HOLT

4. DATE OF DEATH: (Month) November (Day) 29 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-25-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 4 Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas A. HOLT

14. MOTHER'S MAIDEN NAME: Odet a S. DYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Father Mr. Thomas A. HOLT Alexandria
Temple Trailor Village #99 Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Esophageal atresia =

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Tracheo-esophageal fistula

(C)

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11-28-54

19B. MAJOR FINDINGS OF OPERATION: As listed above

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Nov, 19 54 to 29 Nov., 19 54, that I last saw the deceased alive on 29 Nov, 19 54, and that death occurred at 6:10 PM, from the causes and on the date stated above.

SIGNATURE: J. C. OUSLEY LT MC USN M. D.
ADDRESS: U. S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED: 11-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 3 Dec 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 30 Nov 1954
REGISTRAR'S SIGNATURE: Mary L. Farrelly

24. FUNERAL DIRECTOR: R. A. PUMPHREY Funeral Home
ADDRESS: 7557 Wisconsin Ave., Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10596

10605

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery 5721-Grosvenor Lane MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVY CHASE
STREET ADDRESS (If rural give location) 3708 LELAND ST.

3. NAME OF DECEASED. (Type or Print) (First) FRED (Middle) (Last) HOPKINS

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 10-8-77

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR: Months 1 Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: asst Commissioner U.S. Pat. Office

11. BIRTHPLACE (State or foreign country): Romeo, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Hopkins

14. MOTHER'S MAIDEN NAME: Josephine Merriam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Charlotte E Hopkins, 3708 Leland St. Chevy Chase Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardio-vascular renal disease 6 yrs

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10 1954 to Nov. 10, 1954 that I last saw the deceased alive on Nov. 10, 1954 and that death occurred at 12:27 P.M., from the causes and on the date stated above.

SIGNATURE Sidney L. Bowers ADDRESS M.D. 3921 Rugby Ave. Bethesda DATE SIGNED 11/10

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 11/13/54 | NAME OF CEMETERY OR CREMATORY Rock Creek | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 11/12/54 | REGISTRAR'S SIGNATURE Beatrice Sp. Thompson

24. FUNERAL DIRECTOR S.H. Jones Co. ADDRESS 2901-14th St. N.W. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10606

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10597

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 227

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney

LENGTH OF STAY (In this place) 20A.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Mtg Co Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore C

STREET ADDRESS (If rural, give location) 508 Baltimore Ave

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Lee (Last) Hospelhorn

4. DATE OF DEATH (Month) Nov (Day) 12 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	2/26/10	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Plumber	Employed	Pennsylvania	U.S.A.

13. FATHER'S NAME: Mark Scott Hospelhorn

14. MOTHER'S MAIDEN NAME: Emma Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
unk		Annie Hospelhorn 508 Baltimore Ave. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	Indefinite
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Fracture R. skull	
	DUE TO (c) Fracture 5th cervical Vertebrae	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fracture of upper extremity June (left)

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway	21c. (City or town) Edmor	(County) Mont.	(State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-12-54 6P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bonastruct M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-12-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-15-54	Sligo Meml Gdns	Hyattsville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-13-54	Gertrude B. Lawler	Leitch Bros	Hyattsville

10607 MARYLAND STATE DEPARTMENT OF HEALTH 10598

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (In this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1010 Highland Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1010 Highland Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MABEL PAULINE HOUSTON

4. DATE OF DEATH (Month) (Day) (Year): Nov. 30 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 3, 1880

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Gov't. Clerk, retired;

10b. KIND OF BUSINESS OR INDUSTRY: Accounting Office.

11. BIRTHPLACE (State or foreign country): Ravenswood, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel Wilkins Houston

14. MOTHER'S MAIDEN NAME: Emma Ann Guiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Mary R. Slayton, 1010 Highland Dr., SS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset and Death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Valvular Heart Disease — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Brosnan M.D. Fort Thurston Md. 11-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF Nov. 30, 1954

NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory

LOCATION (City, town, or county) (State) Prince George's Co., Md.

DATE REC'D BY LOCAL REG. 11-30-54

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR ADDRESS Warner E. Campbell Silver Spring, Md.

VS. A15A

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10599

10608

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL) OR TOWN Silver Spring
MARYLAND LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12203 Georgia ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 12203 Georgia ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Baker (Last) Hull

4. DATE OF DEATH (Month) Nov. (Day) 14 (Year) 1954

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Oct. 11, 1883 | 9. AGE last birthday 71 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custom farmer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Milton Hull

14. MOTHER'S MAIDEN NAME: Sarah Margaret Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Mrs Bertha Hull 12203 Georgia ave. Silver Spring, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Nephrosclerosis -

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1954, to Nov 14, 1954, that I last saw the deceased alive on Nov. 14, 1954, and that death occurred at 11 45 P.M., from the causes and on the date stated above.

SIGNATURE J. Marion Bamford M.D. ADDRESS 9741 Col. Blvd. Silver Spring Md DATE SIGNED 11/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 17/54 | NAME OF CEMETERY OR CREMATORY Parklawn | LOCATION (City, town, or county) Montgomery Co. | (State) Md

DATE REC'D BY LOCAL REGISTRAR 11-17 54 | REGISTRAR'S SIGNATURE Everett Potter | 24. FUNERAL DIRECTOR Reg W Darby Funeral Home Inc | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10600

10609

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 7, File 3173 11-12-54 et

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY M
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 112 Grafton Street

3. NAME OF DECEASED: (First) ELIZA (Middle) ROSELLE (Last) HUNTER
4. DATE OF DEATH: (Month) (Day) (Year) Nov. 3, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12-19-1880
9. AGE last birthday: 1MH 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NOVA SCOTIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Moffett
14. MOTHER'S MAIDEN NAME: HOWARD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: HARRY E. HUNTER 112 Grafton ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153.

Immediate cause (a) Metastatic Carcinoma Vertebra - Lung. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Colon DUE TO

(c)

Interval Between Onset And Death: 2 years - five or more.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1943
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Ileo-cecal Junction
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1939, to November 3, 1954, that I last saw the deceased alive on 10-19, 1954, and that death occurred at 8:50, from the causes and on the date stated above.

SIGNATURE (Degree or title) Michael J. Mahoney M.D. ADDRESS 1150 - Conn avenue - N.C. DATE SIGNED 11-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF NOV-6-1954
NAME OF CEMETERY OR CREMATORY MT. WASHINGTON
LOCATION (City, town, or county) (State) KANSAS-CITY - MO -

DATE REC'D BY LOCAL REGISTRAR 11/3/54
REGISTRAR'S SIGNATURE Jessie M. Thompson
24. FUNERAL DIRECTOR Joseph Gawler Son - 1756-1 7A ave NW WASH, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10601

10610

CERTIFICATE OF DEATH

Reg. Dist. No. 21-7

1 PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7903 Woodbury Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 7903 Woodbury Drive

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Rois (Last) Ingram

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Sept. 29, 1887
9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Clerk- U.S. Treasury Cashier - Hechts and Lerners (Retired)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Paul, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Rois
14. MOTHER'S MAIDEN NAME: Eva Heller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 578-24-3238
17. INFORMANT & ADDRESS: Mr. Ira L. Ingram, 8534 2nd Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4. /

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary Atherosclerosis — 10 yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Nov., 1954, that I last saw the deceased alive on 25 Nov., 1954, and that death occurred at 11 A. M. from the causes and on the date stated above.

SIGNATURE L. B. Snow MD — ADDRESS L.B.Snow M D Silver Spring, Md. — DATE SIGNED 25 Nov.1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/29/54
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR: 11-29-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10602

10611

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9630 Old Bladensburg Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9630 Old Bladensburg Road

3. NAME OF DECEASED. (Type or Print) (First) Mildred (Middle) Louise (Last) Irwin

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 20, 1914

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretray

10B. KIND OF BUSINESS OR INDUSTRY: John Hopkins Lab.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horace S. Naylor

14. MOTHER'S MAIDEN NAME: Louise I. Malloy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-10-6817

17. INFORMANT & ADDRESS. Mr. Harry D. Irwin, 9630 Old Bladensburg Rd Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241K

IMMEDIATE CAUSE (A) ACUTE CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 10 MIN.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) ACUTE STATUS ASTHMATICA — 2 WKS.

DUE TO (C) PULMONARY EDEMA — 1 DYS.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CHRONIC BRONCHIAL ASTHMA — 4 YRS.

19A. DATE OF OPERATION: NONE

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1951, to 8 NOV., 1954, that I last saw the deceased alive on 8 Nov., 1954, and that death occurred at 1:00 AM. from the causes and on the date stated above.

SIGNATURE S. Marshall Loughlin, Jr. M.D. ADDRESS 1407-WOODSIDE PK WY SILVER SPRING MD. DATE SIGNED 9 NOV. 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11/11/54

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-10-54

REGISTRAR'S SIGNATURE: Frances Tolson

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

10612

10603

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda
LENGTH OF STAY (In this place) D.C.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garfield Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Emmitsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) Lee (Last) James
4. DATE OF DEATH (Month) Nov (Day) 27 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2-29-1916	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Tree Surgeon
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Albermarle Co., Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram L. James
14. MOTHER'S MAIDEN NAME: Bertha Via

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO.: 231-16-4009
17. INFORMANT & ADDRESS: Bertha Via James-Mother Albermarle County, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
✓ Immediate cause	(a) Thrown from tractor DUE TO	D.C.A.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Crushed Chest DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Farm
21c. (City or town) Beallsville (County) Monty (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-27-54-10:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Tractor accident.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Thos. J Boorhart M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-28-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	11-30-54	Mt. Morinh	Albermarle County, Va

DATE REC'D BY LOCAL REG. 11/29/54
REGISTRAR'S SIGNATURE Bessie McLaughlin
24. FUNERAL DIRECTOR ADDRESS W.W. Chapman Co-14-2 Chapin St NW Wash. DC

VS. A15A - 5 - 53

10613

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10604

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 23-W.Irving Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase,
STREET ADDRESS (If rural, give location): 23-W.Irving Street

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) RAHEL (Last) JODIDI

4. DATE OF DEATH: (Month) Nov. (Day) 2, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 29, 1878

9. AGE Last Birthday: 75 yrs. If under 1 year: Months 11, Days, If under 24 hrs.: Hours, Min. 5

10a. OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or Foreign Country): Kiev, Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: A.D.Kosinsky

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Col.D.E.Ellis ,24 W.Irving St.Ch.Ch.,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adeno-carcinoma left breast — Interval Between Onset and Death: 1 yr

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1954, to Nov. 2, 1954, that I last saw the deceased alive on Nov 2, 1954, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney L.Cousins M.D. 392-Lenox Bldg Wash D.C. 11/3/54

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF: Nov. 5 54
NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG. 11/3/54
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Martin W. Hysong Co. — ADDRESS: 1300 N St NW Wash. D.C.

10614

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10605

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 71 [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) [illegible] — LENGTH OF STAY (in this place) 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 8904 Connecticut Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY Dorchester

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge

STREET ADDRESS (If rural, give location) R.F.D. #3

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Emma	Katherine	Johnson		Nov	27	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fe	White	Widowed	10-16-1878	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Balto. Md	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Chas H. Brewington	Sarah Richardson

15. WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs Wallis B. Johnson - Cambridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 11-27-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 29, 1954	Loudoun Park Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-29-54	[signature]	Horace C. Pumphrey	Silver Spring, Md.

VS. A15A - 5 - 53

10615

10606

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 235

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, NNMC, Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Tennessee COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Johnson City, Tennessee
STREET ADDRESS (If rural, give location) Route #5, Box 563

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Tilden (Last) JOHNSON, Jr.

4. DATE OF DEATH: (Month) (Day) (Year) November 11 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Cauc.		4 Sept 1932	22 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	U.S. Marines	Long Beach, California	US

13. FATHER'S NAME: Henry Tilden JOHNSON, Sr.

14. MOTHER'S MAIDEN NAME: Clara NUTTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	6 March 1951 to 11 November 1954		Obtained from Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ..... DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ..... DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
	Street	Silver Spring Mont Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
11-11-54 2A M.		Involved in a fight

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Frank J. Birchfield M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-11-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial Transit	15 Nov 1954		Elizabethton, Tennessee

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12 Nov 1954	Mary E. Caselly	R. A. PUMPHREY Funeral Home	7557 Wisconsin Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

10553

10607 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hati

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Hati

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Washington (Last) Johnson

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3- -1881

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Samuel Johnson

14. MOTHER'S MAIDEN NAME: Margaret Diggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Clarence Johnson Son Rockville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Unknown
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Found Dead Instant M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 11-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-26-54

NAME OF CEMETERY OR CREMATORY St Paul

LOCATION (City, town, or county) (State) Burtonsville, Md

DATE REC'D BY LOCAL REG. Nov 29 1954

REGISTRAR'S SIGNATURE Lowell H. Kraglow

FUNERAL DIRECTOR Robert L. Saunders

ADDRESS Rockville Md

VS. A15A - 5 - 53

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10608

10616

CERTIFICATE OF DEATH

Reg. Dist. No. 212

Items 2,16: film G175 12/21/54

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
MARYLAND LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Adam
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abbottstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Myrna (Middle) Frances (Last) Johnson

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 3-1898

9. AGE last birthday: 55 Yrs. 16/5

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry J. Waltman

14. MOTHER'S MAIDEN NAME: Abagail Mowry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-05-9250

17. INFORMANT & ADDRESS: Wm. H. McCain Poolesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — DUE TO — Interval Between Onset And Death: 12 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Cervix Uteri — DUE TO — 1 year

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Nov., 1954, to 21 Nov, 1954, that I last saw the deceased alive on 21 Nov., 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon M. Smith, M.D. — ADDRESS Barnesville — DATE SIGNED 21 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/23/54 — NAME OF CEMETERY OR CREMATORY New Oxford — LOCATION (City, town, or county) New Oxford — (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 11/21/54 — REGISTRAR'S SIGNATURE Charles W Edgar per DJE

24. FUNERAL DIRECTOR Wm. B. Hilton — ADDRESS Barnesville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

VS. A15

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10609

10617 CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural; LENGTH OF STAY (in this place) 11 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington; STREET ADDRESS (If rural give location) 5313 - 9th Street N.W.

3. NAME OF DECEASED: (First) Otis (Middle) Vernon (Last) Jones

4. DATE OF DEATH: (Month) Nov (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: 12-29-96

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lynotype Operator

10B. KIND OF BUSINESS OR INDUSTRY: Newspaper

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Jones

14. MOTHER'S MAIDEN NAME: Kate Bell Denton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Mrs Herbert Wooten 6628 32nd Street N W Washington, D.C. (Sister)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Massive gastrointestinal hemorrhage	5 days
ANTECEDENT CAUSE (B): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) esophageal varices	years
	DUE TO (C) Cirrhosis of liver	[illegible]

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Nov, 1954, to 20 Nov, 1954, that I last saw the deceased alive on 20 Nov, 1954, and that death occurred at 3:50 A M, from the causes and on the date stated above.

SIGNATURE: C.S. STROUD, Jr. ADDRESS: CDR MC USN U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED: 11-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial; DATE THEREOF: 23 Nov 1954; NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery; LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 22 Nov 1954; REGISTRAR'S SIGNATURE: Mary E. Donnelly

24. FUNERAL DIRECTOR ADDRESS: CHAMBERS FUNERAL HOME 1400 CAPLIN ST., N.W., WASHINGTON, D.C.

10618 MARYLAND STATE DEPARTMENT OF HEALTH 10610

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 9404 Old Bladensburg Rd

3. NAME OF DECEASED (Type or Print): (First) STELL (Middle) D. (Last) KARAS

4. DATE OF DEATH: (Month) Nov (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec 20 1880

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Tailor

11. BIRTHPLACE (State or foreign country): Smyrna Turkey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Demetrios Karas

14. MOTHER'S MAIDEN NAME: Katherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: James Karas 417 Emerson St NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1954, to 9 Nov, 1954, that I last saw the deceased alive on 9 Nov, 1954 and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William D. Rud MD Silver Spring Md 9 Nov 54

23. BURIAL, CREMATION REMOVAL (Specify); DATE THEREOF Nov 12, 1954; NAME OF CEMETERY OR CREMATORY Glenwood; LOCATION (City, town, or county) (State) Glen D. C

DATE REC'D BY LOCAL REG. Nov 10 54; REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Leo Funeral Home 1812 Flagler Wash DC

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10611

10619

CERTIFICATE OF DEATH

Reg. Dist. No. 215 ... .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) 503 Belle View Blvd

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) Louise (Last) KLEINROCK

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-1-54
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 3 Days 18 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Lewis J. KLEINROCK
14. MOTHER'S MAIDEN NAME: Judith POWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT'S ADDRESS: Father: Mr. Lewis J. KLEINROCK 503 Belle View Blvd Alexandria, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 20 days

ANTECEDENT CAUSE (B) Mucoviscodosis — 3½ mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov, 19 54 to 19 Nov, 19 54 that I last saw the deceased alive on 19 Nov 19 54 and that death occurred at 9:35A M, from the causes and on the date stated above.

SIGNATURE M S Allen
ADDRESS M. S. ALLEN LT MC USN U. S. Naval Hospital M.P. NNMC, Bethesda, Maryland
DATE SIGNED 11-21-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 21 Nov 1954
NAME OF CEMETERY OR CREMATORY Private Cemetery Wilkes Barre, Pennsylvania
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 21 Nov 1954
REGISTRAR'S SIGNATURE Mary E Donnelly
24. FUNERAL DIRECTOR AND ADDRESS R. A. POMEREI Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10612

10620

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Garden Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westville
STREET ADDRESS (If rural give location) 5004 Newport Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Otterbein (Last) Knott

4. DATE OF DEATH: (Month) Nov (Day) 13th (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH: Feb. 2, 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months: 9 Days: 11 IF UNDER 24 HRS. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10B. KIND OF BUSINESS OR INDUSTRY: Doctor
11. BIRTHPLACE (State or foreign country): Virginia-Augusta
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William M Knott
14. MOTHER'S MAIDEN NAME: Mary M. Huffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: William L. Knott (Son) 5004 Newport Ave., Westville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
3344
IMMEDIATE CAUSE (A) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arthritis, Rheumatoid chronic — 35 years

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1947 to Nov. 13, 1954, that I last saw the deceased alive on Nov. 14, 1954, and that death occurred at 5:10 P. M, from the causes and on the date stated above.

SIGNATURE Frank S Bacon M. D. ADDRESS 1150 Conn. Ave. N.W. DATE SIGNED Nov. 13, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11-15-54
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
LOCATION (City, town, or county) (State): Hyattsville, Md.

DATE REC'D BY LOCAL REGISTRAR: 11/15/54
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Hyattsville, Md.

NOV 1.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10613

10621 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Philadelphia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Philadelphia 26
STREET ADDRESS (If rural give location) 1320 72nd Avenue

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) William (Last) KOONS

4. DATE OF DEATH: (Month) November (Day) 13 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5 April 1930
9. AGE last birthday: 24 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USMCR
10B. KIND OF BUSINESS OR INDUSTRY: Marine Corps
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Koons
14. MOTHER'S MAIDEN NAME: Florence E. LOMAX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Father: Joseph KOONS 1320 72nd Avenue Philadelphia, Pennsylvania

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Burns, 3rd degree 70% Body — INTERVAL BETWEEN ONSET AND DEATH: 7 mo

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) over Atlantic Ocean

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr. 22 54 6A M.
21E. INJURY OCCURRED While at work ☒ Not while at work ☐
21F. HOW DID INJURY OCCUR? Fire in jet Aircraft in flight

22. I hereby certify that I attended the deceased from 13 May, 1954, to 13 Nov., 1954, that I last saw the deceased alive on 13 Nov, 1954, and that death occurred at 5:35 PM, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED
CDR Q.J. FLORENCE, MC USN U.S.Naval Hospital, NNMC, Bethesda, Md. 11-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 16 Nov 1954
NAME OF CEMETERY OR CREMATORY Northwood Cemetery
LOCATION (City, town, or county) (State) Philadelphia, Pa.

DATE REC'D BY LOCAL REGISTRAR 14 Nov 1954
REGISTRAR'S SIGNATURE Mary E. Donnelly
24. FUNERAL DIRECTOR R. H. PUMPHREY Funeral Home ADDRESS 7557 Wisc Ave Bethesda, Maryland

10622

10614

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8313 - 12th AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD
COUNTY MONTG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8313 - 12th AVE

3. NAME OF DECEASED (Type or Print): (First) Rose (Middle) (Last) Krepchin

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH:

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joshua

14. MOTHER'S MAIDEN NAME: Clara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Joshua Krepchin 8313 - 12th AVE. (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pemphigus — Interval Between Onset and Death: 2½ years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1952, to Nov 11, 1954, that I last saw the deceased alive on Nov 11, 1954, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Aaron H. Traum M.D. 8237 Georgia Ave. Silver Spring Md. Nov 11 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/14/54 | NAME OF CEMETERY OR CREMATORY: Nat. Meb. Cap. Cem. | LOCATION (City, town, or county) (State): WASH., D.C.

DATE REC'D BY LOCAL REG. 11-12-54 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR ADDRESS: Goldberg Funeral Home 4217 - 9th St., N.W. WASH., D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10623

CERTIFICATE OF DEATH

Reg. Dist. No. 10615 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California COUNTY Los Angles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hollywood; STREET ADDRESS (If rural give location) 1809 North Van Ness Ave

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Kuhn (Last) Lasham

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1954

5. SEX: Female; 6. COLOR OR RACE: White; 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married; 8. DATE OF BIRTH: June 26, 1894; 9. AGE last birthday 60 yrs.; IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife; 10B. KIND OF BUSINESS OR INDUSTRY: Home; 11. BIRTHPLACE (State or foreign country): Ohio; 12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Frank L. Kuhn; 14. MOTHER'S MAIDEN NAME: Frances Hendricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.); (If Yes, give war or dates of service); 16. SOCIAL SECURITY NO.; 17. INFORMANT & ADDRESS. William P. Lasham 1809 north Van Ness ave. Hollywood, Calif

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Plastic peritonitis, multiloular adhesions, intestinal, cachexia — INTERVAL BETWEEN ONSET AND DEATH 21 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Empyema of Gall bladder, with

(C) perforation—Subhepatic + abdominal

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. abcess, intestinal ileus Anemia, advanced Rh. arthritis

19A. DATE OF OPERATION: 10-18-54; 19B. MAJOR FINDINGS OF OPERATION Empyema Gall bladder; subhepatic + intra abdominal abcess; 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER); 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.); 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M; 21E. INJURY OCCURRED While at work ☐ Not while at work ☐; 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18-, 1954, to 11-3-1954, that I last saw the deceased alive on 11-3-, 1954, and that death occurred at 5 00 PM, from the causes and on the date stated above.

SIGNATURE Leamon H. Johnson M.D. ADDRESS 104 Cherry Chase Drive, Ch. Ch. Md. DATE SIGNED 11-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 11/7/54; NAME OF CEMETERY OR CREMATORY Hollywood; LOCATION (City, town, or county) Los Angeles, (State) Calif

DATE REC'D BY LOCAL REGISTRAR 11/6/54; REGISTRAR'S SIGNATURE [illegible]; 24. FUNERAL DIRECTOR Joseph Jaudon Son, ADDRESS Wash., Dc.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10616

10624 CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ..... MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ..... LENGTH OF STAY (in this place) ..... HOSPITAL OR INSTITUTION OR STREET ADDRESS .....

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ..... COUNTY ..... CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ..... STREET ADDRESS (If rural, give location) .....

3. NAME OF DECEASED (Type or Print): (First) Lassen (Middle) Maidee (Last) B.

4. DATE OF DEATH: (Month) Nov (Day) 14 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: (illegible)

9. AGE last birthday: 66 yrs. If under 1 year: Months ..... Days ..... If under 24 hrs.: Hours ..... Min. .....

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME .....

14. MOTHER'S MAIDEN NAME .....

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS .....

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Massive Cerebral Hemorrhage	5 mins.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	15 years
	(c) Arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ..... 19b. MAJOR FINDINGS OF OPERATION ..... 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ..... PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ..... (CITY OR TOWN) ..... (COUNTY) ..... (STATE) .....

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ..... INJURY OCCURRED While at Work ☐ Not While At work ☐ ..... HOW DID INJURY OCCUR? .....

22. I hereby certify that I attended the deceased from 7-19, 1941, to 11-14, 1954, that I last saw the deceased alive on 11-13, 1954, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William F. Kuchat MDE 5000 Reno Rd NW 11-14-54.

23. BURIAL, CREMATION, REMOVAL (Specify) ..... DATE THEREOF 11-17-54 ..... NAME OF CEMETERY OR CREMATORY ..... LOCATION (City, town, or county) (State) .....

DATE REC'D BY LOCAL REG. 11/15/54 ..... REGISTRAR'S SIGNATURE .....

24. FUNERAL DIRECTOR ..... ADDRESS .....

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 10617

10625 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4226 EastWest Highway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4226 EastWest Highway

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Virginia (Last) Lee

4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: November 6, 1865 | 9. AGE last birthday: 89 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Williamson Co, Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary Virginia Wenzel Item# 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Pneumonia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral arteriosclerotic Cardiovascular Disease DUE TO

(c) old age

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 19[illegible], to Present, 19.., that I last saw the deceased alive on 11/16.., 1954, and that death occurred at 8:[illegible] P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Somers, M.D. ADDRESS 1776 K St. N.W. DATE SIGNED 11/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit | DATE THEREOF 11-18-54 | NAME OF CEMETERY OR CREMATORY Rose Hill | LOCATION (City, town, or county) (State) Marion, Ill.

DATE REC'D BY LOCAL REGISTRAR 11/18/54 | REGISTRAR'S SIGNATURE Vivian M. Thompson

24. FUNERAL DIRECTOR Robert T. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10618

10541

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND; LENGTH OF STAY (In this place) 50 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 8411 Piney Branch Ct.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alicia	Katherine	Lehman	11	24	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Caucasian	Married	3-31-13	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife.	Own home	New Orleans, La.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hubert Lawrence	Katherine Hardtner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Husband - Robert S. Lehman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma (cause)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was blind & neglected to have him drinking

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and from my knowledge, I state that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred J. Broschart M.D.		Gaithersburg Md.	11-24-54

23. DISPOSITION (Burial, Cremation, Removal, Donation, Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/27/54	Geo. Wash. Mem. Cemetery	Prince George County, Md.

FILED RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 1-1954	J. Wilson Dodd	Warner E. Humphrey	8434 Georgia Av. Silver Spring, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10619

10542 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park RFD 3 Box 35 Gm
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
STREET ADDRESS (If rural give location) 7506 Tenn Ave

3. NAME OF DECEASED. (Type or Print) (First) Myrta (Middle) Melinda (Last) Lewis

4. DATE OF DEATH (Month) Nov. (Day) 27 (Year) 1954

5. SEX Fe | 6. COLOR OR RACE Wh | 7. SINGLE, MARRIED, WIDOWED DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: 1-14-71 | 9. AGE Last birthday 83 yrs | If UNDER 1 YEAR Months Days | If UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alonzo F. Kellogg
14. MOTHER'S MAIDEN NAME. L. Minnie Ayars

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Norfolk Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Arteriosclerosis — Years (?)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 3 yrs (?)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 19[illegible], to 11-27, 1954, that I last saw the deceased alive on 11-27, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.
SIGNATURE Robert A Hare, M.D. ADDRESS Takoma Park, Md. DATE SIGNED 11-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec 1-1954 | NAME OF CEMETERY OR CREMATORY Geo. Washington Mem. | LOCATION (City, town, or county) (State) Prince Geo. Co. Md

DATE REC'D BY LOCAL REGISTRAR Nov. 28 1954 | REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR Arthur G. Gillis & Co. ADDRESS Bladensburg Md. D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Fair items - Cleared with Dr Brockett Flint
Coroner Mont. Co.

RECEIVED
NOV 30 1954
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10620

10626

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Clinical Center Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Alexandria
STREET ADDRESS (If rural give location): 223 Berkshire Drive

3. NAME OF DECEASED: (Type or Print) (First) Carolyn (Middle) F. (Last) Lloyd

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 15 Sept. 1926

9. AGE last birthday: 28 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: (none other stated)

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Owens

14. MOTHER'S MAIDEN NAME: Carolyn Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 284-22-4141

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 170 X

(A) Carcinoma of breast with widespread Metastases

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(B) —

DUE TO

(C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): -----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.: —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov. 20, 1954 to Nov. 29, 1954, that I last saw the deceased alive on Nov. 29, 1954, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE: J. Pittman — M.D. ADDRESS: The Clin. Center, NIH — DATE SIGNED: 11/30/54

23. BURIAL, CREMATION, REMOVAL (Strike out): Removal — DATE THEREOF: Nov 30/54 — NAME OF CEMETERY OR CREMATORY: Alexandria — LOCATION (City, town, or county) (State): Alexandria Va

DATE REC'D BY LOCAL REGISTRAR: 11/30/54 — REGISTRAR'S SIGNATURE: Bessie M. Hamilton

24. FUNERAL DIRECTOR — ADDRESS: Cummings Funeral Home

10627

10621

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomfield

LENGTH OF STAY (in this place) 22 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Holsey Rd - Nr Damascus

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Montg

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus

STREET ADDRESS (If rural, give location) Holsey Rd - nr. Damascus

3. NAME OF DECEASED: (Type or Print) (First) Neil — (Middle) — (Last) LaLar

4. DATE OF DEATH (Month) (Day) (Year) ~~Oct~~ Nov 2 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	col	Married	6-22-1900	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer		Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Wm J. Lafar	Estella Stearns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Grace Lafar (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Thrombosis	Several hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertension	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank D Broadrup M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-2-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 5 '54	Friendship Md	New Damascus Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 4, 1954	Della W Burdette	Roy W Barber	Laytonsville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10622

10628

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 W KIRK ST

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) # 11 W. Kirk Street

3. NAME OF DECEASED: (Type or Print) (First) LUCY (Middle) VAUGHN (Last) MAC KNIGHT

4. DATE OF DEATH: (Month) Nov. (Day) 25, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11-11-1865

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months 10 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM MACKRILLE

14. MOTHER'S MAIDEN NAME: MARY VICTORIA ~~HALO~~ HAYDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT & ADDRESS: KATHERINE MAY 11 W KIRK ST CHEVY CHASE, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIAC FAILURE — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) HYPERTENSIVE HEART DISEASE — 3 years
DUE TO (c) ARTERIOSCLEROSIS — UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to PRESENT, 19 , that I last saw the deceased alive on Nov. 25, 1954, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D Foley M.D. 1746-15-St. Nov 25, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF 11-25-54 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D C

DATE REC'D BY LOCAL REGISTRAR 11/26/54 REGISTRAR'S SIGNATURE Bernie M. Thompson

24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Sons 1756 Pa. Ave. N.W. Wash. D. C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10623

10629 CERTIFICATE OF DEATH

Reg. Dist. No. 516

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington (RD)
STREET ADDRESS (If rural give location) 9612 Hanrick Lane

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) E. (Last) Manley

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-9-1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): C.P.A.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Laurence E. Manley

14. MOTHER'S MAIDEN NAME: Lucie Faulkner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Helen S. Manley 9612 Hanrick La

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 5 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular Disease — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ..., 1950, to Nov. 11, 1954, that I last saw the deceased alive on Nov. 10, 1954, and that death occurred at 8:30 A.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Andrew E. Fischer, M.D. 901 20th St N.W. Wash. D.C. Nov. 11, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-13-1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) Kensington (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/12/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Joseph Gawler's Sons — ADDRESS Wash D C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10624

10630

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL – Silver Spring
LENGTH OF STAY (in this place): 14 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Boswell Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - OLNEY Md
STREET ADDRESS (If rural, give location): RFD# 3 Rockville, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	MANTELL	Nov.	25	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Wh.	Widowed	Nov. 11, 1869	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. McK. Burriss	Anna E. Case

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	–	Wm. J. Hines,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Bronchopneumonia	5 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Senility - Arteriosclerosis.	years.
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. –

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
–	–	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
–	–	–		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
– m.		

22. I hereby certify that I attended the deceased from ....., 1949, to Nov. 24, 1954, that I last saw the deceased alive on Nov. 24, 1954, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard A. Yates	M.D.	Olney Md	11/25/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 27 54	St Johns Olney Md	Montgomery Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-26-54	Gertrude B Fowler	Ryan Barbieri Gaithersburg Md	

RECEIVED
DEC 1 19[illegible]
BUREAU V. S.

10625

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10631 **CERTIFICATE OF DEATH** Reg. Dist. No. 21-4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9522 East Stanhope Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 9522 East Stanhope Road

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) J. (Last) Mawhinney

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 1, 1859

9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Judge - Retired Lawyer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert J. Mawhinney

14. MOTHER'S MAIDEN NAME: Roseanna Fireney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Marie A. Kavanagh, 9522 E. Stanhope Rd Kensington, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 X IMMEDIATE CAUSE (A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1949 to Nov. 18, 1954, that I last saw the deceased alive on Nov 17, 1954 and that death occurred at M. from the causes and on the date stated above.

SIGNATURE Bethesda, Md. M. D. ADDRESS DATE SIGNED 11-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/20/54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 11-19-54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner & Pumphrey — ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10626

10632 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) San Francisco; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Clifford (Last) McClelland

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Sept. 4, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months; Days; IF UNDER 24 HRS: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired: Safety Engineer, State of California

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pittville Lassen Cty, Cal. U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.); (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 564-14-1223

17. INFORMANT & ADDRESS: Mrs. Mary Louise Eiker, 9308 Warren St. ~~Silver Spring, Md.~~

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-34

IMMEDIATE CAUSE (A) ACUTE PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) CONGESTIVE HEART FAILURE — UNKNOWN

DUE TO

(C) ARTERIAL HYPERTENSION — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ACUTE CONGESTIVE HEPATITIS — 12 DAYS.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Oct., 1954, to 9 Nov., 1954, that I last saw the deceased alive on 7 Nov., 1954, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS 1401 Woodside Pkwy, Silver Spring, Md. DATE SIGNED 9 Nov. 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 11/9/54

NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory

LOCATION (City, town, or county) Prince George County, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11/12/54

REGISTRAR'S SIGNATURE Bessie M. Hountzinger

24. FUNERAL DIRECTOR Warner & Pumphrey

ADDRESS 8434 Georgia Ave, Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10627

10633"

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 1½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10004 Colesville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10004 Colesville Road

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) A. (Last) McDONALD SR.
4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W, DOWED
8. DATE OF BIRTH: 8-26-62
9. AGE last birthday: 92 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: CATERER
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN McDONALD
14. MOTHER'S MAIDEN NAME: MARGARET KING

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: —
17. INFORMANT & ADDRESS: EILEEN M. HAROLD 10004 Colesville Rd. S. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart Disease — 20 years
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1949, to Nov 18, 1954, that I last saw the deceased alive on Nov 18, 1954, and that death occurred at 7:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. B Orleans M.D. ADDRESS 9500 Colesville Rd Silver Spring Md DATE SIGNED 11/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-20-54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) Bladensburg (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 11/18/54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Francis J Collins ADDRESS 3821-14th St. N.W. Washington, D.C.

VS. A15

10634

10628 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8504 Cedar St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8509 Cedar St.

3. NAME OF DECEASED: (Type or Print) (First) Lyndall (Middle) Duvall (Last) McEwen

4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Marr.

8. DATE OF BIRTH: 7-2-1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dept of Agriculture, U.S. Govt.

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S. Durrett

14. MOTHER'S MAIDEN NAME: Mary F. Free

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: W. Elwood McEwen Hammond Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) [illegible] — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Several years / several days

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brockhurst M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-24-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/27/54	Congressional Cemetery	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-26-54	Frances Potter	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

VS. A15A - 5 - 53

NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10629

10635

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5315 Goldsboro Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 5315 Goldsboro Road

3. NAME OF DECEASED: (Type or Print) (First) E'SIA (Middle) (NMI) (Last) McFadden

4. DATE OF DEATH: (Month) Nov. (Day) 7, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 11, 1878

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR, Months 5 Days 26 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frederick Becker

14. MOTHER'S MAIDEN NAME: Natalie Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Robert F. McFadden-Item" 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Broncho pneumonia	48 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Congestive Heart Failure	3 days
	DUE TO (C) Arteriosclerotic Heart Disease	10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Nov. 7, 1954 that I last saw the deceased alive on Nov 7, 1954, and that death occurred at 3:35 P M, from the causes and on the date stated above.

SIGNATURE William Robert Perkins M. D. ADDRESS 1463 - Rhode Island Ave NW DATE SIGNED 11/8/1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit

DATE THEREOF 11-8-54

NAME OF CEMETERY OR CREMATORY Savannah

LOCATION (City, town, or county) (State) Savannah, Mo.

DATE REC'D BY LOCAL REGISTRAR 11/10/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

FUNERAL DIRECTOR Robert R. Gaughey

ADDRESS Bethesda, Md.

10631

MARYLAND 10543

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 608 PHILA. AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural, give location) 608 PHILA. AVENUE

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) N (Last) MILLER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 7 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 12/15/15

9. AGE: Last birthday 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: NATHANIEL Sohrer

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: IRVIN MILLER SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY ARTERY OCCLUSION	15 MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	THREE YEARS
	(c) ARTERIOSCLEROSIS	MANY YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTHRITIS DEFORMANS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NEITHER

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Nov., 1954, to 7 Nov., 1954, that I last saw the deceased alive on 6 Nov., 1954, and that death occurred at 4:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William N. Wallop, M.D. ADDRESS 1219 16th Street, N.W. WASH. D.C. DATE SIGNED 7 Nov. 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Nov 10 1954 | NAME OF CEMETERY OR CREMATORY Rock Creek Cem. | LOCATION (City, town, or county) WASHINGTON (State) DC

DATE REC'D BY LOCAL REG. Nov. 7-1954 | REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR Robert A Mattingly ADDRESS 131 - 11th St SE W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—[redacted] 10631

10636

CERTIFICATE OF DEATH

Reg. Dist. No. 216

Item 11, Film 6171 11-1-54 et

1. PLACE OF DEATH:
COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL) OR TOWN: WEST CHEVY CHASE
LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4949 ALLAN RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WEST CHEVY CHASE
STREET ADDRESS (If rural give location): 4949 ALLAN RD.

3. NAME OF DECEASED: (First) ROY (Middle) MANN (Last) MILLER

4. DATE OF DEATH: (Month) NOV (Day) 7 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV. 24, 1882

9. AGE Last birthday: 71 yrs. IF UNDER 1 YEAR Month. Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED EXECUTIVE

10b. KIND OF BUSINESS OR INDUSTRY: CLOTHING WOODWARD & LOTHROP

11. BIRTHPLACE (State or foreign country): FREDERICK Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL MILLER

14. MOTHER'S MAIDEN NAME: Sarah (last name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.): no
(If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 530 PARK AVE. EDNA-MAE STEINER NEW YORK, N.Y.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Coronary thrombosis — Interval Between Onset And Death: 6 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Hypertensive heart disease — 10 years
(c)

11. OTHER SIGNIFICANT CONDITIONS
Condition contributing to the death but not related to the disease or condition causing death: Carcinoma of colon

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954 to NOV 7, 1954, that I last saw the deceased alive on NOV 7, 1954, 19..., and that death occurred at 2:30 P., from the causes and on the date stated above.

SIGNATURE: C. P. Ryland, M.D.
ADDRESS: 4400 49th St., N. W. Washington 16, D. C.
DATE SIGNED: NOV 7, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 11-10-54
NAME OF CEMETERY OR CREMATORY: FT. LINCOLN CEMETERY
LOCATION (City, town, or county): PRINCE GEORGE'S Co. MD.

DATE REC'D BY LOCAL REGISTRAR: 11/8/54
REGISTRAR'S SIGNATURE: Jessie M Thompson

24. FUNERAL DIRECTOR: A. H. Hines Co.
ADDRESS: Washington 9, D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10632

10554 **CERTIFICATE OF DEATH**

Reg. Dist. No. 2-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1908 Valley Strea.. Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 1908 Valley Stream Drive

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) IRENE (Last) MILLER

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 1, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan. 22, 1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months 9 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Milton Smith

14. MOTHER'S MAIDEN NAME: Katherine Moyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Gordon A. Miller-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	cardiac standstill	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	coronary occlusion	2 hr
	DUE TO (c)	hypertension & coronary arteriosclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22/54 to 11/1/54, that I last saw the deceased alive on 11/1/54, and that death occurred at 2 a.m. m., from the causes and on the date stated above.

SIGNATURE Stephen N. Jones (DEGREE OR TITLE) M.D. ADDRESS Rockville Md. DATE SIGNED 11/1/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial-Transit

DATE THEREOF 11-1-54

NAME OF CEMETERY OR CREMATORY Shoemakersville

LOCATION (City, town, or county) (State) Berks County, Pennsylvania

DATE REC'D BY LOCAL REG. 11/4/54

REGISTRAR'S SIGNATURE Dorothy Jacobson nat.

24. FUNERAL DIRECTOR Robert L. Dumphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10633

10637

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-63

1. PLACE OF DEATH
COUNTY ... MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (In this place) 1 Mon. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cincinnati
STREET ADDRESS (If rural give location) 8362 Altheus Road

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) C. (Last) MINGES

4. DATE OF DEATH. (Month) November (Day) ... (Year) 19...

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 2 September 1954

9. AGE last birthday ... yrs. IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HRS. Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----

10B KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard P. MINGES

14. MOTHER'S MAIDEN NAME: Shirely Mae McCUDDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: Father: Richard P. MINGES 8362 Altheus Road, Cincinnati, O.10

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arnold-Chiari malformation — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Lumbar myelomeningocoele — 2 mos.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3 Nov. 1954

19B. MAJOR FINDINGS OF OPERATION Arnold Chiari malformation

20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Sept, 1954, to 3 Nov, 1954, that I last saw the deceased alive on 3 November, 1954, and that death occurred at 5:05 PM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS Lt. Cdr. MC USN U.S. Naval Hospital, Bethesda, Maryland DATE SIGNED 4 Nov ...

23. BURIAL, CREMATION, REMOVAL (SPECIFY) ... DATE THEREOF 7 November 1954 NAME OF CEMETERY OR CREMATORY ... LOCATION (City, town, or county) (State) Cincinnati, Ohio

DATE REC'D BY LOCAL REGISTRAR ... REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ... ADDRESS ... Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10634

10544 CERTIFICATE OF DEATH Reg. Dist. No. 22-3

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 700 Hudson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park; STREET ADDRESS (If rural give location) 136 Grant Avenue

3. NAME OF DECEASED: (Type or Print) (First) AMANDA (Middle) (Last) MINTON

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: April 16, 1866

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10B. KIND OF BUSINESS OR INDUSTRY: Homemaker.

11. BIRTHPLACE (State or foreign country): Rose Hill, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonathan Haynes

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Vincent Minton, 136 Grant Ave. Takoma Park

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) (1) Chronic Myocarditis & Congestive Failure — Undetermined

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) (2) Bronchopneumonia — 3 days — Undetermined

DUE TO (C) (3) Generalized Arteriosclerosis — Undetermined

(4) Fracture rt. hip (old) — 2 yrs

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 1950 to Nov 14 1954, that I last saw the deceased alive on Nov 13, 1954, and that death occurred at 2:35 PM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS 7835 Eastern Ave Silver Spring Md DATE SIGNED Nov 18, 1954

M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit Burial

DATE THEREOF Nov 22. 1954

NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery

LOCATION (City, town, or county) (State) Pineville, Kentucky

DATE REC'D BY LOCAL REGISTRAR Nov 18 1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR [illegible] Funeral Directors

ADDRESS 254 Carroll St NW DC

NOV 22
BUREAU V. S.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10638

CERTIFICATE OF DEATH

Reg. Dist. No. 10635 2½

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural, give location) (rural) Route 4

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Monroe

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Aug. 29, 1868

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months 2 Days 9 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Silas Monroe

14. MOTHER'S MAIDEN NAME: Annie Seller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Melvin Fuerier (Commonwealth) Rte 4 Ro Rville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Senility — 50 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to 11/8, 1954, that I last saw the deceased alive on 11/7, 1954, and that death occurred at 8:05 A M, from the causes and on the date stated above.

SIGNATURE W. L. Hall M. D. ADDRESS Rockville Md. DATE SIGNED 11/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-12-54 | NAME OF CEMETERY OR CREMATORY County Home Cemetery | LOCATION (City, town, or county) Rockville, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 11/12/54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Robert M. Humphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10636

10639 CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessups 13 x -
STREET ADDRESS (If rural give location) Box 29, Mission Rd.

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Moore (1st Twin)
4. DATE OF DEATH: (Month) (Day) (Year) November 22 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: November 22, 1954
9. AGE Last Birthday: NB yrs. If under 1 year: Months Days; If under 24 hrs.: Hours 2 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Earl Moore
14. MOTHER'S MAIDEN NAME: Dorothy Louise Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 116 45/48

IMMEDIATE CAUSE (A) Prematurity (5 mos gestation) — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs 10 min.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 1954 to 11/22, 1954, that I last saw the deceased alive on 11/22, 1954, and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE Charles S. Whitaker, M.D. ADDRESS CLARKSVILLE MD. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/23/54
NAME OF CEMETERY OR CREMATORY: St Stephens Chapel
LOCATION (City, town, or county) (State): Highland Md.

DATE REC'D BY LOCAL REGISTRAR: 11-22-54
REGISTRAR'S SIGNATURE: Gertrude B Lawson
24. FUNERAL DIRECTOR: J. C. Higginbotham
ADDRESS: Ellicott City Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10637

10640 CERTIFICATE OF DEATH Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessups
STREET ADDRESS (If rural give location) Box 29, Mission Rd.

3. NAME OF DECEASED. (Type or Print) (First) (Middle) (Last) Moore (2nd Twin)

4. DATE OF DEATH: (Month) Nov (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 11/22/54

9. AGE last birthday NB yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 23

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Earl Moore

14. MOTHER'S MAIDEN NAME: Dorothy Louise Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity (5 mos. gestation)

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 hr 23 min

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22 1954, to 11/22, 1954 that I last saw the deceased alive on 11/22, 1954, and that death occurred at 12:01 PM, from the causes and on the date stated above.

SIGNATURE Charles S. Whitaker, M. D. ADDRESS CLARKSVILLE, MD. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/23/54

NAME OF CEMETERY OR CREMATORY Hopkins Chapel

LOCATION (City, town, or county) (State) Highland Md.

DATE REC'D BY LOCAL REGISTRAR 11-22-54

REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR H. C. Higinbotham

ADDRESS Ellicott City, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10638

10641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Georgetown Univ. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3414 Plant Ave

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) E (Last) Miller

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: July 9, 1871

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna. (Pa.)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nathaniel Berry

14. MOTHER'S MAIDEN NAME: Adeline [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion, acute, severe	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential Hypertension	10 yrs +
	(c) Arteriosclerosis, generalised.	10 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. hemiplegia, two attacks in 1953 — 1 yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1953, to Nov 5, 1954, that I last saw the deceased alive on Oct 20, 1954, and that death occurred at 7.40 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS 3921 Ingomar St. N.W. Wash D.C. DATE SIGNED 11-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF 11-9-54 — NAME OF CEMETERY OR CREMATORY Everglades Memorial Park — LOCATION (City, town, or county) (State) Silver Spring, Md.

DATE REC'D BY LOCAL REG. 11-5-54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR: [illegible] — ADDRESS [illegible]

(Over)

County Coroner
Notified and case
waived by him

A. Cleff

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10639

10642

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Mongtomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 13 Sherman Avenue

3. NAME OF DECEASED: (Type or Print) (First) Kathleen (Middle) Marie (Last) MULCAHY

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 7 Nov 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John J. MULCAHY

14. MOTHER'S MAIDEN NAME: Josephine M. PUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Father: John J. MULCAHY 13 Sherman Ave Takoma Pk, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs 10 min.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Exchange Transfusion — 4 hours

(C) Erythroblastosis Fetalis — 2 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Nov, 19 54, to 9 Nov, 19 54, that I last saw the deceased alive on 9 Nov, 19 54 and that death occurred at 5:45 PM, from the causes and on the date stated above.

SIGNATURE W. S. Matthews M.D. ADDRESS W. S. MATTHEWS LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 11-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 14 Nov 1954

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 12 NOV 1954

REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR R. A. PUMPHREY Funeral Home ADDRESS 7557 Wisconsin Ave Bethesda, Maryland

10643

10640

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4700 Bradley Blvd Apt. 202

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4700 Bradley Blvd.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) M. (Last) Noone

4. DATE OF DEATH (Month) Nov. (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 27, 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesmanager

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A. KINGDOM

13. FATHER'S NAME: Patrick Noone

14. MOTHER'S MAIDEN NAME: Ellen Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 055-12-3265

17. INFORMANT & ADDRESS Edith M. Noone - Wife 4700 Bradley Blvd, Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 Coronary occlusion DUE TO — Interval between onset and death: Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, street, office bldg., etc., OF INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Irvin F. Barnhart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit | DATE THEREOF 11-30-54 | NAME OF CEMETERY OR CREMATORY Oakwood Memorial Cem. | LOCATION (City, town, or county) (State) Saginaw, Michigan

DATE REC'D BY LOCAL REG. 12/1/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | FUNERAL DIRECTOR Robert B. Dunphrey ADDRESS Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10641

10644

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4616 Fairfield Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural give location) 4616 Fairfield Drive

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) C. (Last) OLDFIELD

4. DATE OF DEATH: (Month) Nov. (Day) 16, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	16 Apr. 1899	55 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fireman	Fire Dept.	Maryland	US

13. FATHER'S NAME: Louis Oldfield

14. MOTHER'S MAIDEN NAME: Laney Abell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	Daisy M. Oldfield-Item# 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Adenocarcinoma Metastases of Liver	10 mo.
ANTECEDENT CAUSE (S)	DUE TO (B) Adenocarcinoma of Sigmoid	12 mo.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/22/54	Adenocarcinoma of Sigmoid & metastases in liver	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954 to Nov. 16 1954 that I last saw the deceased alive on Nov. 15, 1954, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE Leo M. Carter M. D. ADDRESS 5707 Wisconsin ave., Chevy Chase, Md. DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-19-54	Mt. Zion	Bethesda, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/17/54	Bessie M. Thompson	Robert M. Cumpston	Bethesda, Md.

NOV 19 1-5?
BUREAU V. S.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10642

10645

CERTIFICATE OF DEATH

Reg. Dist. No. 3-6

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 10-12 54 | 11/4/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 40[illegible] Plyers Mill Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) John (Last) Page

4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1954

5. SEX: Wife
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 1-7-03
9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Unemployed
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lotus Page
14. MOTHER'S MAIDEN NAME: Mary E. McNeil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Alberta Carter (Friend) 4021 Jones Mill Rd. Mrs. Mary Page - 945 N. St. N.W. Wash. DC

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive heart failure DUE TO

ANTECEDENT CAUSE (B) severe hypertension and DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) nephrosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 2 months several years several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1954, to Nov. 4, 1954, that I last saw the deceased alive on Nov 3, 1954, and that death occurred at 8:30 A.M, from the causes and on the date stated above.

SIGNATURE Allen J. O'Neill M. D. ADDRESS 7440 Old Georgetown Road Bethesda 14 DATE SIGNED 11/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-8-54
NAME OF CEMETERY OR CREMATORY Lincoln Park
LOCATION (City, town, or county) Rockville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/8/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md.

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11722

10646 CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brookeville
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Walter (Last) Pugh

4. DATE OF DEATH: (Month) November (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1/15/1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Florence Pugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-31-X

IMMEDIATE CAUSE (A) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Senile Degen + art. Sclerosis — 10 yrs

DUE TO (C) Hypertension-Essential — 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 , to ..... , 19 .... , that I last saw the deceased alive on ..... 19 . . , and that death occurred at 3:05 P.M., from the causes and on the date stated above.

SIGNATURE John Basley Zeigler M.D. ADDRESS Olney, Md DATE SIGNED 29 Nov 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/3/54 — NAME OF CEMETERY OR CREMATORY Church Cemetery — LOCATION (City, town, or county) (State) Spencerville, Md

DATE REC'D BY LOCAL REGISTRAR 12-3-54 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR R. L. Snowden — ADDRESS Rockville, Md

RECEIVED
DEC 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10643

10545 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, md. LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp. Takoma Pk., Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Canton
STREET ADDRESS (If rural give location) 55 Judson St.

3. NAME OF DECEASED: (Type or Print) (First) Harriet (Middle) Gertrude (Last) Reddick

4. DATE OF DEATH (Month) 11 (Day) 30 (Year) 1954

5. SEX: Fe. | 6. COLOR OR RACE: Cauc. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: 4-6-09 | 9. AGE last birthday 45 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf. | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Penna. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. C. McClasky | 14. MOTHER'S MAIDEN NAME: Mollie Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown. | 17. INFORMANT & ADDRESS: from Patients chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — months

ANTECEDENT CAUSE (B) DUE TO Left Coronary Infarction — days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Mitral Stenosis and Insufficiency (Rh. Ht. Dis.) years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Adhesive Pericarditis — years

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1954, to 11-30, 1954, that I last saw the deceased alive on 11-30, 1954, and that death occurred at 7:05 P.M., from the causes and on the date stated above.

SIGNATURE M. D. H. K. Mode — ADDRESS Takoma Park 12, Md. — DATE SIGNED 12-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit-Burial | DATE THEREOF 12/1/54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Canton, N.Y.

DATE REC'D BY LOCAL REGISTRAR Dec 1-1954 | REGISTRAR'S SIGNATURE J. Milton Dodd | 24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co., Riverdale, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

10555

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10644

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 South Adams Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 128 South Adams Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elberta	T.	RICE	Nov.	4	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	9/3/1876	78 yrs.	2	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired-School teacher	County	Travilah, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Rhodes Rice	Elberta Moore Tschiffely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Lacey B. Tschiffely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Dissecting Aneurysm of Aorta.	1 Month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease in Failure Nephrosclerosis & mild Uremia	4 years. 3 weeks
(c) Chronic Myocarditis due To Typhoid Fever	30 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-27-54, 19....., to 11-4-54, 19....., that I last saw the deceased alive on 11-4-54, 19....., and that death occurred at 7:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
William Tiank, M.D.	1014 Vier Mill Rd. Rockville	11/4/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/6/1954	Darnestown Presby.	Darnestown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/8/54	Louise M. Hraston Smd	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10645

10647 CERTIFICATE OF DEATH Reg. Dist. No. 24

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
MARYLAND
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3409 Floral Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE
COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C.
STREET ADDRESS (If rural give location) 3500 Minnesota Ave., S. E.

3. NAME OF DECEASED (Type or Print) First (Middle) (Last) ROBERT PENNINGTON RITCHIE

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 4 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Jan. 29, 1927

9. AGE last birthday: 27 yrs | If UNDER 1 YEAR: Months, Days | If UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Corvey Engineering Co.

11. BIRTHPLACE (State or foreign country): Clifton Forge, Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Edgar Ritchie

14. MOTHER'S MAIDEN NAME: Jean Tankersley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW #2

16. SOCIAL SECURITY NO. 231-20-8255

17. INFORMANT & ADDRESS: 3409 Floral St., Mrs. John F. Nail, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Uremia	1 yr.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO Intercapillary glomerulosclerosis	1½ yrs
	(C) DUE TO Diabetes Mellitus	20 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bilateral Retinopathy - Blindness — 2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 1954, to 11-4, 1954, that I last saw the deceased alive on 11-4, 1954, and that death occurred at 7A M. from the causes and on the date stated above.

SIGNATURE Chilton Kunstler M. D. ADDRESS 915 19th St. N.W. DATE SIGNED 11/4/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/6/54 | NAME OF CEMETERY OR CREMATORY Congressional Cemetery | LOCATION (City, town, or county) Washington, D. C. (State)

DATE REC'D BY LOCAL REGISTRAR 11-6-54 | REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner & Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
NOV 10 19..
BUREAU V. S.

10648 10646

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md. | LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS 2710 Glenallen Ave (If rural, give location) Box 142, Silver Springs Md

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Carroll (Last) Russell

4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
M.	Col.	[illegible]	4 13 17	4 13 17 (37) Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer		Md	U.S.A.

13. FATHER'S NAME: Frank Russell

14. MOTHER'S MAIDEN NAME: Minnie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		13300 Layhill Rd Extn Temporary (Center) Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Exsanguinating pleural hemorrhage	Few hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Rupture of Congenital Aneurysm pulmonary Artery Left lower lobe	37 yrs (?)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial Asthma & Emphysema — 2 years

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bracelack M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 11-8-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-6-54	Good Hope	Colesville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/8/54	Lissie M. Hempstone	Robert P. Saunders	Rockville Md

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10649 CERTIFICATE OF DEATH

Reg. Dist. No. 215 10647

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (In this place) 7 hrs 55min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 4407 Overlook Avenue S.W.

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) Walter (Last) SCHAETTEN Jr

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-30-53

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Bernard Walter SCHAETTEN SR

14. MOTHER'S MAIDEN NAME: Ellen WICKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. — —

17. INFORMANT & ADDRESS: Father Mr. Bernard W. SCHAETTEN SR 4407 Overlook Avenue, S.W. Wash,D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bacterial meniegitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hydrocephalus — 13 mos.

19A. DATE OF OPERATION: 10/1/54

19B MAJOR FINDINGS OF OPERATION: Hydrocephalus

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Nov, 19 54 to 17 Nov, 19 54 that I last saw the deceased alive on 17 Nov, 1954, and that death occurred at 11:55P M, from the causes and on the date stated above.

SIGNATURE R. W. MACKIE LCDR MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 11-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit
DATE THEREOF: 20 Nov 1954
NAME OF CEMETERY OR CREMATORY: Liberty Corners Cemetery
LOCATION (City, town, or county) (State): Salem Wisconsin

DATE REC'D BY LOCAL REGISTRAR: 18 Nov 1954
REGISTRAR'S SIGNATURE: Mary E. Donnelly
24. FUNERAL DIRECTOR: R. H. Parkinson Funeral Home ADDRESS: 7557 Wisconsin Ave. Bethesda, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10650

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 10648

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R 4 D # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg (rural); STREET ADDRESS (If rural, give location) R F D # 2

3. NAME OF DECEASED: (First) James (Middle) Milfred (Last) Seal

4. DATE OF DEATH (Month) Nov (Day) 20 (Year) 1954

5. SEX: male

5. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 6 1906

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farm

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Pete Seal

14. MOTHER'S MAIDEN NAME: Amanda Viers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Amanda Seal Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Rosenhart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Nov 23 '54 NAME OF CEMETERY OR CREMATORY Sol Crabb Meml LOCATION (City, town, or county) Flintstone (State) Md

DATE REC'D BY LOCAL REG. 11-23-54 REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR ADDRESS A J [illegible] Boonsboro Washington Co Md

119

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10649

10651 CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1905 Sandowne Way

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1905 Sandowne Way

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W (Last) Sincell

4. DATE OF DEATH: (Month) Nov. (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 5, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Plumber-Ret

10b. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Not Available

14. MOTHER'S MAIDEN NAME: Not Available

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Charles J. Sincell, 112 Williamsburg Ln. S.S. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11/53, 19..., to 11/10/54 19..., that I last saw the deceased alive on 11/10/54, 19..., and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Marion Bamphead M.D. ADDRESS 1924 Col. Blvd Silver Spring DATE SIGNED 11/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 13. 1954 — NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery — LOCATION (City, town, or county) Washington, (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 11-10-54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR J. Arthur Walter, ADDRESS 254 Carroll St. NW Takoma Park D.C

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10650

10652

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Kensington, Md.; LENGTH OF STAY (in this place) 5 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Hall Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: 1613 Harvard St. N.W. STATE Wash. D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D. C.; STREET ADDRESS (If rural give location) 1613 Harvard St. N.W.

3. NAME OF DECEASED: (First) MARY (Middle) E (Last) SNIDER

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 7 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bloomfield, Ky.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Murphy

14. MOTHER'S MAIDEN NAME: Mary Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS (Self) 1613 Harvard St. N.W. Mrs. Edgar Snider Wash. D. C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) HYPERTENSIVE HEART DISEASE

DUE TO (c) ESSENTIAL HYPERTENSION

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1954, to Nov. 27, 1954, that I last saw the deceased alive on Nov. 27, 1954, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

SIGNATURE Henry Fox Snider (Degree or title) M.D. ADDRESS 5206 Norway Pl. Chevy Chase Md. DATE SIGNED 11/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) + DATE THEREOF 11-29-54 NAME OF CEMETERY OR CREMATORY Bloomfield Cem. LOCATION (City, town, or county) Bloomfield (State) Ky.

DATE REC'D BY LOCAL REGISTRAR 11-29-54 REGISTRAR'S SIGNATURE Frances Tatter

24. FUNERAL DIRECTOR The S. H. Hines Co. 2801-14th St. N.W. Washington D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10651

10653

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY ... MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 1 mo 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural give location): 3107 Parkway Terrace, S.E.

3. NAME OF DECEASED (Type or Print): (First) Rudolph (Middle) E (Last) Soland

4. DATE OF DEATH: (Month) ... (Day) ... (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-15-1900

9. AGE last birthday: 54 yrs.

IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Retired Mariner

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ole H. SOLAND

14. MOTHER'S MAIDEN NAME: Raghnald Hellerud

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 577 50 4284

17. INFORMANT & ADDRESS: Wife Mrs. Gertrude E. Soland 3107 Parkway Terrace, S.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinomatosis DUE TO

ANTECEDENT CAUSE (B) Carcinoma pancreas DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 18 mos. (B) unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7-15-54

19B. MAJOR FINDINGS OF OPERATION: Carcinomatosis of liver gall bladder, pancreas

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Sept., 1954, to 5 Nov., 1954, that I last saw the deceased alive on 5 Nov 1954, and that death occurred at 2:15 M, from the causes and on the date stated above.

SIGNATURE M. B. Sullivan

ADDRESS M. B. SULLIVAN LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

DATE SIGNED 11-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9 Nov 1954

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR ...

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R. A. McCARTHY Funeral Home

ADDRESS 1001 McCormick Avenue, Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10654

CERTIFICATE OF DEATH

Reg. Dist. No. 10652 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Maryland
LENGTH OF STAY (In this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 1438 University Land

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Baker (Last) Starr

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 7, 1892

9. AGE last birthday yrs. 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred C. Baker

14. MOTHER'S MAIDEN NAME: Flora Reeser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. --

17. INFORMANT & ADDRESS: Patient-on admission; the medical record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of the cervix with metastases
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Lung abscess Cirrhosis of theliver

19A. DATE OF OPERATION: ----

19B. MAJOR FINDINGS OF OPERATION - - -

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) - -

21C. WHERE DID INJURY OCCUR? (City or town) - (County) - (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. -

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? - -

22. I hereby certify that I attended the deceased from Oct. 25, 1954, to Nov. 13, 1954, that I last saw the deceased alive on Nov. 13, 1954, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE Lester M. Cramer, M.D. M.D. ADDRESS The Clinical Center National Institutes of Health DATE SIGNED Nov.13,'54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF 11/15/54 NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Hannibal, Mo.

DATE REC'D BY LOCAL REGISTRAR 11/15/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10653

10655

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place) 9-24-54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural give location) 6161-31 Place N.W.

3. NAME OF DECEASED: (Type or Print) (First) Amelia (Middle) (Last) Steece

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Dec. 23 1876

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burlington, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Van F Hunere

14. MOTHER'S MAIDEN NAME: Maria Thorne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1950

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis Generalized — yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Pulmonary Edema — 2-3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 P.M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1954, to 11/10, 1954, that I last saw the deceased alive on Nov. 10, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE Sam Allen M.D., M. D. ADDRESS DATE SIGNED 11/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-13-54 — NAME OF CEMETERY OR CREMATORY Lincoln Cemetary — LOCATION (City, town, or county) (State) Rt. Gen. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11/12/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Chas. Chas. Funeral Home — ADDRESS Wash. DC

10656

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10654

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sellman, RFD
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sellman - RFD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Monroe (Middle) (Last) Stevens

4. DATE OF DEATH (Month) Nov (Day) 10 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 7 - 1900	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Justice Peace, Montg. Co. Md
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: J E Stevens
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1942 - 1945 U.S. Navy
16. SOCIAL SECURITY NO.: 578-18-6352
17. INFORMANT & ADDRESS: Mrs Mary Ellen Stevens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Instan
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul J Boeckart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-16-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 12-54	Arlington, National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/10/54	Charles W. Elgin	William B. Hilton	Barnesville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, MD~~ 10655

10657

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY - Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Bethesda — LENGTH OF STAY (in this place): 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8214 Custer Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York — COUNTY Queens.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New York city —
STREET ADDRESS (If rural give location): 8267 Austin Street.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Alfons Carl Storch.	Nov. 30, 1954.	Male	White.	Married.	26 Sept. 1879	75 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Musician	Metropolitan Opera.	Schlesien - Germany.	U.S.A.

13. FATHER'S NAME: Franz. Storch.
14. MOTHER'S MAIDEN NAME: Marie - ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.	133-07-1941	Mrs. Marie Storch 8214 Custer Rd. Bethesda. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Metastatic Sarcoma of Lungs.	12 months.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Sarcoma of Right arm —	16 yr.
	DUE TO (c) —	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Sarcoma. Metastases. throughout body

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Last one Jan. 1954.	Sarcoma of one of Rt arm,	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 21 Sept., 1954, to 30 Nov., 1954, that I last saw the deceased alive on 4 Nov., 1954, and that death occurred at 6 10 Am, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Johns. Ball.	M.D	7936 Hampton Rd. Bethesda Md	1 Dec. 54.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	11-30-54	Lutheran	New York City

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/1/54	Bessie M. Harvey	Robert H. Humphrey	Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10656

10658 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural; LENGTH OF STAY (in this place) 1 mo.,9 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Desota; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arcadia; STREET ADDRESS (If rural give location) 246 Manatee Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mike (Middle) (n) (Last) STROMAN

4. DATE OF DEATH: (Month) (Day) (Year) November 14 1954

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 3-16-94

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): S. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter STROMAN

14. MOTHER'S MAIDEN NAME: Nettie McAEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes V (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 249 22 9508

17. INFORMANT'S ADDRESS: wife. Mary STROMAN 246 Manatee Ave., Arcadia, Florida

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4344.1

IMMEDIATE CAUSE (A) Heart disease, type unknown, with congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Embolism, pulmonary, multiple — unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Oct, 1954, to 14 Nov, 1954 that I last saw the deceased alive on 14 Nov, 1954, and that death occurred at 4.55A M, from the causes and on the date stated above.

SIGNATURE R.O. Peckinpaugh

ADDRESS R.O. PECKINPAUGH, LT MC USN U.S. Naval Hospital, NNMC, Bethesda, Md.

DATE SIGNED 11-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit

DATE THEREOF 20 Nov 1954

NAME OF CEMETERY OR CREMATORY Smyna Church Cemetery

LOCATION (City, town, or county) (State) Springfield, South Carolina

DATE REC'D BY LOCAL REGISTRAR 16 Nov 1954

REGISTRAR'S SIGNATURE Mary E. Donnelly

24. FUNERAL DIRECTOR AND ADDRESS W. E. JARVIS Funeral Home 1432 U St N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10659 CERTIFICATE OF DEATH

10657

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 3½ MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4560 SOUTH CHELSEA LANE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
STREET ADDRESS (If rural give location) 4560 SOUTH CHELSEA LANE

3. NAME OF DECEASED: (Type or Print) (First) SADIE (Middle) T. (Last) SWEETMAN

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10-3-88

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED BINDER

10b. KIND OF BUSINESS OR INDUSTRY: U. S. GOV'T.

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RICHARD SWEETMAN

14. MOTHER'S MAIDEN NAME: SARAH WATSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Francis X. Zuberman 4560 So. Chelsea La.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

442 ×

Immediate cause (a) Acute Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerosis - Chronic Nephritis

DUE TO

(c) Dropsy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1954, to Nov 4, 1954, that I last saw the deceased alive on Nov 3, 1954, and that death occurred at 8.00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W^m F Greaney MD ADDRESS 7562 12th St NW Wash D C DATE SIGNED Nov 4 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-6-54 NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 11/4/54 REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Francis J Collins ADDRESS 3821-14th St. NW Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10658

10660

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C.
STREET ADDRESS (If rural give location): 518 Columbia Road N.W.

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) (n) (Last) TARRIER

4. DATE OF DEATH: (Month) November (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-28-99

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10B. KIND OF BUSINESS OR INDUSTRY: Porter RR

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward TARRIER

14. MOTHER'S MAIDEN NAME: Calie JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Wife Mrs Mary A. TARRIER, 518 Columbia Road NW, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Glomerulonephritis, chronic — 1 yr.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Hypertrophy, prostate, benign with urinary retention — 1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Oct, 1954 to 11 Nov, 1954, that I last saw the deceased alive on 11 Nov., 1954, and that death occurred at 3:55 PM, from the causes and on the date stated above.

SIGNATURE R. O. Peckinpaugh — ADDRESS R. O. PECKINPAUGH LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 11-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 16 Nov 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 15 Nov 1954 — REGISTRAR'S SIGNATURE: Mary E. Donnelly

24. FUNERAL DIRECTOR: W. E. JARVIS Funeral Home — ADDRESS: 1342 U Street NW, Washington, D.C.

10661

10659

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the ses of death clearly and legibly.

M

I

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) U.S.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty. Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Olney Chase -
STREET ADDRESS (If rural, give location) 8611 Jones mill Rd

3. NAME OF DECEASED: (Type or Print) (First) Heloise (Middle) (Last) Tarrington

4. DATE OF DEATH (Month) Nov (Day) 12 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-9-1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lemisch

14. MOTHER'S MAIDEN NAME: Frances Hann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Harry G. Tarrington - Olney Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Ruptured abdominal Aorta DUE TO — Interval Between Onset and Death: Instantly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Auto Accident DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of lower jaw

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION: V

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway

21c. (City or town) Olney (County) Monty (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-12-54 6 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leonard J. Brockhurst M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 11-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11-14-54 — NAME OF CEMETERY OR CREMATORY Prat Memorial Park — LOCATION (City, town, or county) Falls Church (State) Va

DATE REC'D BY LOCAL REG. 11-12-54 — REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Goldberg Funeral Home — ADDRESS 424 7th St NW Washington DC

10662 10660

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 7 mo 2 days 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville, Md.
STREET ADDRESS 1218 Rockville Pike. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year) 11 - 11 1954

5. SEX: male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** **8. DATE OF BIRTH:** **9. AGE last birthday:** 84 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired **10b. KIND OF BUSINESS OR INDUSTRY:** Carpenter Erie Railroad **11. BIRTHPLACE** (State or foreign country): New York **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Eli Hill Taylor **14. MOTHER'S MAIDEN NAME:** Huldah Drew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) **16. SOCIAL SECURITY No.:** **17. INFORMANT & ADDRESS:** George T. Foss (friend), Bland's Trailer Court 207 T, Rockville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchio-pneumonia DUE TO — Interval Between Onset and Death: 8 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fractured Rt Knee DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ **CAUSE OF DEATH.** **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY Home **21c.** (City or town) Rockville (County) Monty (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 - 3 - 54 - 1 P M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Fell down step in bath room

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bozzuto M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 11 11 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit **DATE THEREOF** 11-11-54 **NAME OF CEMETERY OR CREMATORY** Woodlawn Cemetery **LOCATION** (City, town, or county) Newburg, New York (State)

DATE REC'D BY LOCAL REG. 11/12/54 REGISTRAR'S SIGNATURE Emmett Thompson **24. FUNERAL DIRECTOR** Robert H. Humphreys **ADDRESS** Bethesda, Maryland

VS. A15A - 5 - 53

10663

10661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information requested. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 30 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 5324 Golds Cav - Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) R. (Last) Tennis

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1954

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10 Sept 1891

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days: 21 Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Optician - Self-Emp.

10b. KIND OF BUSINESS OR INDUSTRY: Eye glass.

11. BIRTHPLACE (State or foreign country): Grand Rapids. Mich.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ralph Tennis

14. MOTHER'S MAIDEN NAME: Catherine Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes

(If year, give war or dates of service): 1917-1918

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: W. R. Tennis Jr. Son - 6406 Redfin Rd. Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma - Metastatic of Liver	10 Mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Colon	18 Mo.
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.: —

19a. DATE OF OPERATION: Nov. 1953.

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Sigmoid

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to Nov. 1, 1954, that I last saw the deceased alive on Nov. 1, 1954, and that death occurred at 1 25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John S. Ball M.D. 7936 Bonifant Rd. Bethesda 14 Md 1 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11/3/1954

NAME OF CEMETERY OR CREMATORY: Parklawn

LOCATION (City, town, or county) (State): Montgomery Maryland

DATE REC'D BY LOCAL REG.: 11/1/54

REGISTRAR'S SIGNATURE: Bessie M. Montgomery

24. FUNERAL DIRECTOR: Roberts A. Pumphrey

ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10662

10546

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San'r Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 305 Philadelphia Ave

3. NAME OF DECEASED: (Type or Print) (First) Hannah (Middle) — (Last) Thompson

4. DATE OF DEATH. (Month) 11 (Day) 20 (Year) 1954

5. SEX F-1

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH 10-20-1869

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Thompson

14. MOTHER'S MAIDEN NAME: Jane Hopper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 min

ANTECEDENT CAUSE (B) DUE TO Thrombo Coolies — 2 min

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Thrombophlebitis L leg. — 2 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of breast & metastases

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1954, to Nov 20, 1954, that I last saw the deceased alive on Nov 20 1954, and that death occurred at 8:40 AM, from the causes and on the date stated above.

SIGNATURE James R Coleman M.D. ADDRESS 113 Carroll St NW Washington DC DATE SIGNED 11/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 23, 1954 — NAME OF CEMETERY OR CREMATORY Mt Sinai Cemetery — LOCATION (City, town, or county) New York City (State) N.Y.

DATE REC'D BY LOCAL REGISTRAR Nov. 20 1954 — REGISTRAR'S SIGNATURE J. William Dodd

24. FUNERAL DIRECTOR Arthur L Powers — ADDRESS 7354 Carroll Ave NW Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

NOV

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10663

10664

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring X
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 421 Northwest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
STREET ADDRESS (If rural give location): 421 Northwest Drive

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): HENRY WALTER TRUSSELL

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 18 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: July 12, 1865

9. AGE last birthday IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 89 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Time Keeper (retired)

10B. KIND OF BUSINESS OR INDUSTRY: Mayflower Hotel

11. BIRTHPLACE (State or foreign country): Upperville, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Archibald Trussell

14. MOTHER'S MAIDEN NAME: Jane Elizabeth Tinsman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-20-5872-A

17. INFORMANT & ADDRESS: Mrs. Audrey U. Stout, 421 Northwest Drive Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Hypertension many years

(C)

INTERVAL BETWEEN ONSET AND DEATH: (10-12)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1944, to Nov. 18, 1954, that I last saw the deceased alive on Sept 30, 1954, and that death occurred at 2 A. M. from the causes and on the date stated above.

SIGNATURE: John N. Andrews M.D.
ADDRESS: 9601 Colesville Rd Silver Spring Md
DATE SIGNED: 11-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/20/54
NAME OF CEMETERY OR CREMATORY: Chestnut Grove Cemetery
LOCATION (City, town, or county) (State): Herndon, Virginia

DATE REC'D BY LOCAL REGISTRAR: 11-19-54
REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

11-18-5

Dr. Broschard notified.

D. A. Andrews M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10664

10547 CERTIFICATE OF DEATH Reg. Dist. No. 223-

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Takoma Sanatorium Flower and Carroll Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annendale
STREET ADDRESS (If rural give location) Box # 62

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Mary (Last) Tubbs

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH: 8-21-72 | 9. AGE last birthday: 82 yrs. | IF UNDER 1 YEAR: Months 3 | IF UNDER 24 HRS.: Days 13 | Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Stipek
14. MOTHER'S MAIDEN NAME: Antoinette Kortonick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Mary C. Clarke R.N. 9107 Flower Ave, Silver Spring Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Malnutrition & Cachexia	4-5 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Ascites, generalized Metastatic	2 mo's
	DUE TO (C) Carcinoma - Probably from st Ovary or Stomach	6-mo's
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: about 9-15-54
19B. MAJOR FINDINGS OF OPERATION: Biopsy lesion of stomach - Metastatic carcinoma
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1954, to 11-13, 1954, that I last saw the deceased alive on 11-12, 1954, and that death occurred at 10:05 AM, from the causes and on the date stated above.
SIGNATURE Howard Quickenson M.D. ADDRESS 1400 Montgomery Road Ronald, Md. DATE SIGNED 11-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit | DATE THEREOF Nov 17 1954 | NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery | LOCATION (City, town, or county) (State) Glendale, California

DATE REC'D BY LOCAL REGISTRAR Nov 13 1954 | REGISTRAR'S SIGNATURE F. Nelson Rockel
24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll Ave. N.W. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH — [redacted] 10665

10665 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place): 1 month-10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 8904 Manchester Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Marie (Last) Larsen Tuve

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 30-1872

9. AGE Last birthday: 82 yrs. — IF UNDER 1 YEAR: Months 7, Days 20 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Her home

11. BIRTHPLACE (State or foreign country): Ridgeway, Iowa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Laurits Henry G. Larsen

14. MOTHER'S MAIDEN NAME: Marie Christophesen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Merle A. Tuve (son) 5241 Broadbranch Rd. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: (a) Chronic Myocardial insufficiency — Interval Between Onset And Death: 1 month + 10 days

Antecedent causes (B) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 years
DUE TO (c) Large abdominal tumor

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1954, to Nov. 20, 1954, that I last saw the deceased alive on Nov. 19, 1954, and that death occurred at 1.45 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wheeler O. Hulse M.D. — ADDRESS: 4529 Maple Ave. Bethesda Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial Removal — DATE THEREOF: 11/22/54 — NAME OF CEMETERY OR CREMATORY: Forest Hill — LOCATION (City, town, or county) (State): Canton S. Dak. — ADDRESS:

DATE REC'D BY LOCAL REGISTRAR: 11/22/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: S. H. Hines Co. — 2901 - 14th St. Wash. D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10666

10666

CERTIFICATE OF DEATH

Reg. Dist. No. 2/2

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write and give nearest town) Bethesda RURAL LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) River Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Rose (Last) Twyman

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH:

9. AGE last birthday 80+ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: Rosa Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Isabel Brown (Daughter)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

540.0
IMMEDIATE CAUSE (A) Hemorrhage, stock — INTERVAL BETWEEN ONSET AND DEATH 2 hours

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Duodenal and gastric peptic ulcer unknown
DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of pancreas unknown

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 19 54, to Nov. 5, 1954 that I last saw the deceased alive on Nov. 5, 19 54, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS DATE SIGNED
7744 Carroll Ave. Takoma Park 12 11 6 '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-9-54
NAME OF CEMETERY OR CREMATORY Lucky Park
LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REGISTRAR 11/8/54
REGISTRAR'S SIGNATURE
FUNERAL DIRECTOR Robert L. Sanders
ADDRESS

RECEIVED
NOV 10 1954
BUREAU V. S.

10667

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 10667

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 4202 md rte.

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) (Last) Tyson

4. DATE OF DEATH (Month) Nov. (Day) 16 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Single	March 28, 1917	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction Work	Maryland	U.S.A.

13. FATHER'S NAME: Luray Tyson

14. MOTHER'S MAIDEN NAME: Grace Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 4234 42nd St. N.W. Vivian Winston - Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE David J. Brosenhart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-17-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 20, 1954		Rockville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/18/54	Beatrice [illegible]	Wiginton Funeral Home	Kensington, D.C.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10668

10668 CERTIFICATE OF DEATH Reg. Dist. No. 2-14

1 PLACE OF DEATH

COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, Md.

LENGTH OF STAY (in this place) 14 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS 8102 Piney Branch Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Illinois COUNTY Adams

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Quincy

STREET ADDRESS (If rural give location)

3 NAME OF DECEASED. (Type or Print) (First) JOHN (Middle) A. (Last) VOLLRATH

4. DATE OF DEATH. (Month) Nov. (Day) 25 (Year) 1954

5 SEX: Male

6 COLOR OR RACE: White

7 SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 27, 1868

9. AGE last birthday. IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min. 86 yrs.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)

10B KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Quincy, Illinois

12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Vollrath

14. MOTHER'S MAIDEN NAME: Mary Kirkman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO none

17. INFORMANT & ADDRESS. Mr., John A. Daley, 8102 Piney Branch Rd. Silver Spring, Md.

16. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized C.V.R. Sclerosis — 10 yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1951 to 11-25, 1954 that I last saw the deceased alive on 11-25 1954 and that death occurred at 2:35 AM. from the causes and on the date stated above.

SIGNATURE Kenneth Daughtin ADDRESS 934 Edmonds Dr Silver Spring DATE SIGNED 11-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial

DATE THEREOF 11/25/54

NAME OF CEMETERY OR CREMATORY Stormer Funeral Home

LOCATION (City, town, or county) (State) Quincy, Adams County, Ill.

DATE REC'D BY LOCAL REGISTRAR 11-26-54

REGISTRAR'S SIGNATURE Frances Ellet

24. FUNERAL DIRECTOR Warner E. Humphrey

ADDRESS Silver Spring Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 30 1954
BUREAU VI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10669

10669 CERTIFICATE OF DEATH

Reg. Dist. No. 215

Item 29 filmed 3 11/24/54 mc

1. PLACE OF DEATH
COUNTY: Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 1yr2mo7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural give location): 523 North Imboden Street

3. NAME OF DECEASED: (First) Betty (Middle) Lou (Last) WALSH
4. DATE OF DEATH. (Month) November (Day) 6 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	6-22-26	28 yrs 27				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Pennsylvania	US

13. FATHER'S NAME: Clarence E. JENKINS Jr
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
NO	- -	- -	Husband Mr. Henry R. WALSH 523 North Imboden St, Alexandria, Virginia

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Acute pyelonephritis	5 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) Decorticate State DUE TO	+ 1 year
	(C) Severe head injury	+ 1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/16/53 - - - - 8/26/54	Burr holes & ventriculography - hydrocephalus - Feeding gastrostomy.	YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town)	(County)	(State)
		? CORTLAND.		N.Y.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☑	21F. HOW DID INJURY OCCUR?
July 2nd 1953. M.		Auto accident

22. I hereby certify that I attended the deceased from 29 Aug, 1953, to 6 Nov, 1954, that I last saw the deceased alive on 6 Nov, 19 54, and that death occurred at 7:08 AM, from the causes and on the date stated above.

SIGNATURE: R. W. MACKIE LCDR MC USN — ADDRESS: U. S. Naval Hospitab, NNMC, Bethesda, Maryland — DATE SIGNED: 11 7 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial Transit	9 Nov 1954	Mount Olive Cemetery	Mount Olive, New Jersey

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7 Nov 1954	Mary E. Farrelly	R. A. PUMPHREY Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10670

10670 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2mo 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. 4'
STREET ADDRESS (If rural give location) #6 Knot Green S.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Joseph (Last) WARD

4. DATE OF DEATH: (Month) November (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 8-25-74

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10B. KIND OF BUSINESS OR INDUSTRY: Retired Miner

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas H. WARD

14. MOTHER'S MAIDEN NAME: Martha BURKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Daughter: Miss Mary M. BOWDEN #6 Knot Green S.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Edema, pulmonary	14 hours
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Thrombosis, cerebral artery	5 days
	(C) DUE TO Arteriosclerotic heart disease	3 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Pyelonephritis, acute and chronic	2 years

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Aug, 1954, to 11 Nov, 1954, that I last saw the deceased alive on 11 Nov, 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

SIGNATURE OF PHYSICIAN: R. O. PECKINPAUGH LT MC USN ADDRESS: U. S. Naval Hospital, NNMC, Bethedda, Maryland DATE SIGNED: 11-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 15 Nov 1954
NAME OF CEMETERY OR CREMATORY: Washington National Cemetery
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 13 Nov 1954
REGISTRAR'S SIGNATURE: Mary E. Donnelly
24. FUNERAL DIRECTOR: CHAMBERS Funeral Home
ADDRESS: 517 11 th St S.E. Washington, D.C.

10671

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10671

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 15hrs 10min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural give location): 4767 24th Road North

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Grady (Last) WARE

4. DATE OF DEATH (Month) (Day) (Year): November 6 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8-20-88

9. AGE last birthday: 66 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Retired Mariner

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William WARE

14. MOTHER'S MAIDEN NAME: Lulu GRADY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes
(If Yes, give war or dates of service): WW I WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S ADDRESS: Wife Mrs. Jacoretta WARE 4767 24th Rd N Arlington, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE — (A) DUE TO: Rupture of aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO: Arteriosclerosis, generalized — 10-15 yrs.
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Nov., 1954 to 6 Nov., 1954 that I last saw the deceased alive on 6 Nov., 1954, and that death occurred at 12:35 PM, from the causes and on the date stated above.

SIGNATURE: W. E. Murray
ADDRESS: W. E. MURRY LTJG, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED: 11-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9 Nov 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 6 Nov 1954
REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS: Joseph Gawler's and Sons Funeral Home 1756 Penn Ave N.W. Washington, D.C.

VS. A15 — 10 - 53

10672

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10672

Items 13 & 14 Film 73 11/14 DHD

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft San. and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier, Md.; STREET ADDRESS (If rural give location) 4106 28th. St.

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Randolph (Last) Weaver

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH. 1893

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10B. KIND OF BUSINESS OR INDUSTRY: Press

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David Randolph Weaver

14. MOTHER'S MAIDEN NAME: Mary Daniels Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Pulmonary Cancer with

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) metastasis to the brain DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: about 6 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10, 1954 to 11/18, 1954 that I last saw the deceased alive on 11/18/54, and that death occurred at 2.10 P.M., from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED

Alexis J. Kistler M.D. Cedar Croft San. Hosp. 11-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11-22-54

NAME OF CEMETERY OR CREMATORY: Arlington National Cem.

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: 11-18-54

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Walker Funeral Home

ADDRESS: 3200 R.I. Ave. Mt. Rainier

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10673

10673

Item 17, 14, File 174 12-6-54

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda
LENGTH OF STAY (in this place): 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington D.C.
STREET ADDRESS (If rural give location): 317 - 11th St. N.E. (upst.)

3. NAME OF DECEASED: (Type or Print) (First) Thos. (Middle) Tony (Last) Webb

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1954

5. SEX	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Married	5/10/16	38 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY.
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Webb
14. MOTHER'S MAIDEN NAME: Willie Parradine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Thos. Janie Webb

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute coronary occlusion, due to
ANTECEDENT CAUSE (B) [illegible]
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Progressive narrowing arteries.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] M, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. — ADDRESS Suburban Hosp. Bethesda Md. — DATE SIGNED 27 Nov 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/3/54		Opelika Alabama

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/29/54	Pearle M. Thompson	Stewart Funeral Home	30 H. St. N.E. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10674

10674

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 6mo 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hosputal

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearwater
STREET ADDRESS (If rural give location) 1206 Bermuda Street

3. NAME OF DECEASED. (Type or Print): (First) August (Middle) (n) (Last) WEBER

4. DATE OF DEATH: (Month) November (Day) 18 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 5-27-85
9. AGE last birthday: 69 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S ADDRESS: Son Edwin A Weber 1401st Operations Squadron Andrews Air Base Wash,D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSE (B) DUE TO: Paraplegia. — 5 mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Adeno Carcinoma, renal, metastatic to spine — 8 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 30 June 54
19B. MAJOR FINDINGS OF OPERATION: Recurrent renal adeno carcinoma, rt. retroperitoneal
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 May, 19 54 to 18 Nov, 19 54, that I last saw the deceased alive on 18 Nov 19 54, and that death occurred at 1:25 AM, from the causes and on the date stated above.

SIGNATURE J. I.F. KNUD-HANSEN LCDR MC USN
ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland
DATE SIGNED 11-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 19 Nov 1954
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 18 Nov 1954
REGISTRAR'S SIGNATURE: Barry E. Donnelly
24. FUNERAL DIRECTOR AND ADDRESS: Gascns Funeral Home 4739 Balt Ave, Hyattsville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10675

10548 CERTIFICATE OF DEATH

Reg. Dist. No. 225

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item if information is known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park — LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ventnor City
STREET ADDRESS (If rural give location) 4316 Ventnor Ave

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Adelle (Last) Weber

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow — 8. DATE OF BIRTH: 6-12-85 — 9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Erie Pa. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Max Schwarck — 14. MOTHER'S MAIDEN NAME: Jennie Stopperd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT'S ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

203 X

IMMEDIATE CAUSE (A) Multiple Myeloma — 2 yrs.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Malnutrition

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11/?, 1952, to 11/1/, 1954, that I last saw the deceased alive on 10/31/, 1954, and that death occurred at 5:00 a M, from the causes and on the date stated above.

SIGNATURE AND M. D. Robert A Hare — ADDRESS Takoma Park, Md. — DATE SIGNED 11/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Transit — DATE THEREOF Nov 3rd 54 — NAME OF CEMETERY OR CREMATORY Lakeside — LOCATION (City, town, or county) (State) Erie County - Penna

DATE REC'D BY LOCAL REGISTRAR NOV 1-1954 — REGISTRAR'S SIGNATURE Nelson Dodds — 24. FUNERAL DIRECTOR Robt C Pumphrey — ADDRESS E J W Bethesda Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10676

CERTIFICATE OF DEATH

Reg. Dist. No. 216

10675

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (In this place) 83 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 10005 Frederick Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) R. (Last) Weiner

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11 Sept. 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ferdinand Hudson

14. MOTHER'S MAIDEN NAME: Clara Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. Not given

17. INFORMANT & ADDRESS: The patient on admission and the medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Carcinoma of vagina and cervix uteri

ANTECEDENT CAUSE (B) with metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis

19A. DATE OF OPERATION: Sept. 13 54

19B. MAJOR FINDINGS OF OPERATION: Infiltrating carcinoma of cervix

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1954 to Nov. 17, 1954 that I last saw the deceased alive on Nov. 17, 1954, and that death occurred at 5:40 PM, from the causes and on the date stated above.

SIGNATURE Donald R. Cole M. D. ADDRESS The Clinical Center, N.I.H. DATE SIGNED 11/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/19/54

NAME OF CEMETERY ~~OR CREMATORY~~ Spring Hill

LOCATION (City, town, or county) (State) Milwaukee, Wis.

DATE REC'D BY LOCAL REGISTRAR 11/18/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co., Riverdale, Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10677

10676 CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Olney
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 503 Tulip Ave.

3. NAME OF DECEASED: (Type or Print) (First) C (Middle) E (Last) Wilcox

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Widower

8. DATE OF BIRTH? Sept. 16, 1861

9. AGE last birthday: 93 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John G. Wilcox

14. MOTHER'S MAIDEN NAME: Mary North

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cardiac failure -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) anemia +

DUE TO (c) Senility + Gen. arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1954, to Nov. 9, 1954, that I last saw the deceased alive on Nov. 9, 1954, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Bosley Ziegler M.D. — ADDRESS Olney Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 12 1954 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) Penna Ave. Extended — (State) D.C. Md.

DATE REC'D BY LOCAL REGISTRAR 11-9-54 — REGISTRAR'S SIGNATURE Gertrude B. Lawler

24. FUNERAL DIRECTOR Arthur Wallace — ADDRESS 254 Carroll St. Takoma Park 12, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10678

10677 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) 28 min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 10102 Gates Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) NOV. (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: NOV. 30, 1878

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wilson

14. MOTHER'S MAIDEN NAME: Selina Dickson Pendleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: MRS. Lawrence Wilson - Silver Spring Md. 10102 Gates Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO phlebitis - left leg — 1 week

(C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: Oct. 15, 1954

19B. MAJOR FINDINGS OF OPERATION: Cystocele + Rectocele

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16/54, 19.., to 11/20/54, 19.., that I last saw the deceased alive on 11/20/54, 19.., and that death occurred at 1:25 P.M., from the causes and on the date stated above.

SIGNATURE J. Marion Barnhard M.D. ADDRESS 9241 Col. Blvd. Silver Spring Md. DATE SIGNED 11/20/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 11/23/54; NAME OF CEMETERY OR CREMATORY Grace Epis. Church Cemetery; LOCATION (City, town, or county) (State) Silver Spring, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/26/54; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Warner & Pumphrey; ADDRESS 8434 Georgia Ave., Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10679

10678 CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 26 days 14 hrs 40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Scotland
STREET ADDRESS (If rural give location) Box 68 Rt. #2

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) May (Last) Wilson

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 11-25-88

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Private Homes

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Rogers

14. MOTHER'S MAIDEN NAME: Julia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: George [redacted] Young — Son

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

IMMEDIATE CAUSE (A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Tuberculosis, unclassified — duration unk

(C) none known

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none.

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from 9-30, 19 54 to Nov 5, 54, that I last saw the deceased alive on Nov 5, 19 54, and that death occurred at 2:10 AM, from the causes and on the date stated above.

SIGNATURE. [redacted] M. D. ADDRESS [redacted] DATE SIGNED Nov 6, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-9-54 — NAME OF CEMETERY OR CREMATORY Bethesda — LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR 11/8/54 — REGISTRAR'S SIGNATURE [redacted]

24. FUNERAL DIRECTOR Minnard & Chew — ADDRESS 4th & Ave NW

RECEIVED
NOV 10 1954
BUREAU V. S.

10680

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10679 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 37 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1228 Eye, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Lois (Middle) H. (Last) Wilson

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 17 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 16 Aug. 1890

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel S. Wilson

14. MOTHER'S MAIDEN NAME: Mary Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. 262-07-0113

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cachexia and debility

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Carcinoma of pancreas and ovary (? Primary)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis

19A. DATE OF OPERATION: 7-24-54

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of ovary

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) None

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 1954, to Nov. 17, 1954, that I last saw the deceased alive on Nov. 17, 1954, and that death occurred at 5:01 PM, from the causes and on the date stated above.

SIGNATURE Richard T. Silver ADDRESS M. D. The Clinical Center, NIH DATE SIGNED 11/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 11-18-1954 NAME OF CEMETERY OR CREMATORY George Washington Medical School LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 11/20/54 REGISTRAR'S SIGNATURE Pearl M. Thompson

24. FUNERAL DIRECTOR Jos. Gawler's Sons ADDRESS 1756 R. Ave Wash. D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10681

10680 CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 11 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) 1754 EAST-WEST HIGHWAY

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) M. (Last) WOOL

4. DATE OF DEATH: (Month) 11 (Day) 6 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. DOWED

8. DATE OF BIRTH: 2-22-81

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MASS.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SMULLEN

14. MOTHER'S MAIDEN NAME: KEOGH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: a. Dorothea Wool 1754 East West Hgw. Silver Spring, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Multiple Sclerosis

Interval Between Onset And Death 1 year

34 ^
Immediate cause (a) .....
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .....
DUE TO

(c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 17, 1954, to Nov. 6, 1954, that I last saw the deceased alive on 11/6, 1954, and that death occurred at 5:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank P. Shea M.D. ADDRESS 4100 - 17th St. N.W. Wash D.C. DATE SIGNED 11/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-10-54 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 11 6 54 REGISTRAR'S SIGNATURE Frances Fuller

24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. N.W. Wash. D.C.

VS. A15

RECEIVED
NOV 10 1954
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10682
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Montgomery MARYLAND	STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Wall Street	STREET ADDRESS (If rural, give location) 22 Wall Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALBERT	(NMI)	WOOTTON	Nov. 24, 1954 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	6-29-82	72 yrs	4	25		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. Clerk	Elect. Appliance	Maryland	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward T. Wootton	Betty O'Rhea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	578-36-0957	Mrs J.D. Wootton-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	Several days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	Hypertension	3 yrs.
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J. Brostrom M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 11-29-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-26-54	Monocacy	Beallsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-26-54	Lowell H. Kingsbury	Robert W. Humphreys	Bethesda, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10683

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10681

CERTIFICATE OF DEATH

Reg. Dist. No. 516

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 1mo 1da
HOSPITAL OR INSTITUTION OR STREET ADDRESS ALTA Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural give location) 3 E. Kirk Street

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) May (Last) WRight

4. DATE OF DEATH (Month) Nov. (Day) 7 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	single	Aug. 13, 1870	84 yrs.	2	24		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired school Teacher	Public Schools	Rochester, N.Y.	U.S.

13. FATHER'S NAME: William Wright

14. MOTHER'S MAIDEN NAME: Margaret Sploin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	None	Mrs Marshall J. Garrett-Iten; 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Uremia — 2 months

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept., 1954 to 7 Nov., 1954 that I last saw the deceased alive on 6 Nov., 1954, and that death occurred at 5 30 A M, from the causes and on the date stated above.

SIGNATURE Herbert Martyn M.D. ADDRESS 5024 Bethesda Ave Beth. DATE SIGNED 7 Nov 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	11-8-54	Mt. Hope	Rochester, New York

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/54	Bessie M. Thompson	Robert A. Dunphey	Bethesda, Md.

BUREAU V. S.

10549

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10684

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 700 Erie Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 700 Erie Avenue.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Wilson (Last) Yeatts

4. DATE OF DEATH (Month) Nov (Day) 5 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced | 8. DATE OF BIRTH: Sept. 27, 1894 | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Insurance Broker
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Dretera, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Yeatts
14. MOTHER'S MAIDEN NAME: Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mary E. Yeatts, 1375 Childress St. N.E. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
976X Immediate cause	(a)	Cerebral hemorrhage	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	bullet wound in skull	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY home
21c. (City or town) Takoma Park (County) Mont (State) Md
21d. TIME OF INJURY (Month) (Day) (Year) 11-5-54 (Hour) 7 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Shot self in mouth with 22 rifle

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bourhart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 5-1954
NAME OF CEMETERY OR CREMATORY Blandford Cem.
LOCATION (City, town, or county) Petersburg
(State) Va

DATE REC'D BY LOCAL REG. Nov. 5-1954
REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR J. Arthur Walters
ADDRESS 254 Carroll St. NW Takoma Park. D.C.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10685

10682

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Silver Spring - 3 yrs

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 14326 Colesville Rd Mrs. Greens Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montg

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring - Rural

STREET ADDRESS (If rural give location) 14326 Colesville Rd

3. NAME OF DECEASED: (Type or Print) (First) Eula (Middle) (Last) Young

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2-21-1874

9. AGE Last birthday: 80 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Govt. Clerk Ret.

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Treas. Dept

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. N. Utterback

14. MOTHER'S MAIDEN NAME: Cecilia Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nursing Home Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4500

Immediate cause (a) Congestive Cardiac Failure — 4 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — 10 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950 to Nov 18, 1954, that I last saw the deceased alive on Nov 18, 1954, and that death occurred at 8:30 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Francis L. Hannan, MD — ADDRESS 1511-17 H N.W. Wash. D.C. — DATE SIGNED Nov 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-20-54 — NAME OF CEMETERY OR CREMATORY Glenwood Cemetery — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 11-19-54 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR A. W. Hines Co — ADDRESS 2401 14th St N.W. Washington D.C.

RECEIVED
NOV 22 1954
JREAU V. S.